

# AHRQ Publications Catalog

Fall/Winter

2005



*Agency for Healthcare Research and Quality*

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The Agency for Healthcare Research and Quality (AHRQ) is a component of the Department of Health and Human Services. AHRQ's mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. Its goals are to promote effective, appropriate, high-quality health care; increase access to care; and improve the way health services are organized, delivered, and financed.

The Agency was established by Congress in December 1989 as the successor to the National Center for Health Services Research and Health Care Technology Assessment. On December 6, 1999, under Public Law 106-129, the Agency for Health Care Policy and Research (AHCPR) was reauthorized and renamed the Agency for Healthcare Research and Quality (AHRQ). The law authorizes AHRQ to continue its research on the cost, quality, and outcomes of health care, and expands its role to improve patient safety and address medical errors. AHRQ funds research on key health care delivery and medical effectiveness issues through grants and contracts. Its in-house researchers and health care professionals conduct analyses on a range of policy issues and evaluate the risks and effects of specific health care technologies.

The publications in this catalog describe AHRQ programs and present research findings. **Please be sure to check related subject areas in this catalog, as some special topics of interest may be found elsewhere in the catalog.**

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## Agency Information

**AHRQ: A Tradition of Evidence.** C. Clancy, *Health Management Technology*, 24(8):August 2003, 26-29. Discusses the Agency's involvement in evidence-based medicine, focusing on health care information technology. (AHRQ 03-R065)

**AHRQ's FY 2005 Budget Request: New Mission, New Vision.** C. Clancy, *HSR: Health Services Research*, 39(3):June 2004, xi-xviii. Details the proposed fiscal year 2005 budget for AHRQ and discusses the new strategic plan, mission statement, and vision for creating real change in the health care system. (AHRQ 04-R055)

**Back to the Future.** C. Clancy, *Health Affairs*, June 25, 2003, W3-314-316. Summarizes a decade of challenge, growth, and evolution within what is now the Agency for Healthcare Research and Quality and the field of health services research. Focuses on continued maturation of AHRQ's mission and focus, recent achievements, new external factors, and emerging policy dilemmas. (AHRQ 03-R045)

**AHRQ Annual Report on Research and Financial Performance.** Agency for Healthcare Research and Quality. Describes the Agency's research programs and accomplishments by fiscal year and presents financial

statements and other details about AHRQ's budget and financial management and performance.

**FY 2002** (AHRQ 03-0013)

**FY 2003** (AHRQ 04-0054)

**FY 2004** (AHRQ 05-0019)

## AIDS/HIV

**Antiretroviral Therapy and Health Care Utilization: A Study of Privately Insured Men and Women with HIV Disease.** F. Hellinger, W. Encinosa, *HSR: Health Services Research*, Part I, 39(4):August 2004, 949-967. Compares the use of antiretroviral therapy and other health care resources by women and men with HIV disease who are privately insured. (AHRQ 04-R054)

**The Diverse Older HIV-Positive Population: A National Profile of Economic Circumstances, Social Support, and Quality of Life.** S. Crystal, A. Akincigil, U. Sambamoorthi, et al., *Journal of Acquired Immune Deficiency Syndromes*, 10:June 1, 2003, S76-S83. Provides a national profile of socioeconomic circumstances of the middle-aged and older population living with HIV and evaluates variations in social support and quality of life across age and socioeconomic subgroups, controlling for indicators of disease progression. (AHRQ 04-R004)

**HIV Patients in the HCUP Database: A Study of Hospital Utilization and Costs.** F. Hellinger, *Inquiry*, 41:Spring 2004, 95-105. Examines the utilization of hospital care by HIV patients in all hospitals in eight States and examines the cost of

hospital care for HIV patients in six of these States. (AHRQ 04-R050)

**Insurance Status of HIV-Infected Adults in the Post-Haart Era: Evidence from the United States.** D. Goldman, A. Leibowitz, G. Joyce, et al., *Applied Health Economics and Health Policy*, 2(2):2003, 85-91. Uses data from a unique, nationally representative sample of HIV-infected adults receiving medical care to describe the relationship between disease progression and insurance coverage in the United States. (AHRQ 04-R010)

**Is Outpatient Care Associated with Lower Use of Inpatient and Emergency Care? An Analysis of Persons with HIV Disease.** L. Pezzin, J. Fleishman, *Academic Emergency Medicine*, 10:November 2003, 1228-1238. Uses data from the AIDS Cost and Services Utilization Survey to investigate the extent to which use of ambulatory medical care is associated with inpatient and emergency department use among HIV-infected persons. (AHRQ 04-R018)

**Patterns of Coping Among Persons with HIV Infection: Configurations, Correlates, and Change.** J. Fleishman, C. Sherbourne, P. Cleary, et al., *American Journal of Community Psychology*, 32(1/2): September 2003, 187-104. Examines coping in response to HIV infection, using longitudinal data from a nationally representative sample of HIV-infected persons. Studies configurations of coping responses, the correlates of configuration membership, the stability of coping configurations, and the relationship of coping to emotional well-being. (AHRQ 04-R009)



**Racial and Gender Disparities in Receipt of Highly Active Antiretroviral Therapy Persist in a Multistate Sample of HIV Patients in 2001.**

K. Gebo, J. Fleishman, R. Conviser, et al., *Journal of Acquired Immune Deficiency Syndrome*, 38(1):January 2005, 96-103. Examines whether demographic disparities in the use of highly active antiretroviral therapy (HAART) persisted in 2001 and if outpatient care is associated with HAART utilization. Studies data collected from 10 U.S. HIV primary care sites in the HIV Research Network. (AHRQ 05-R049)

**Recent Trends in HIV-Related Inpatient Admissions 1996-2000—A 7-State Study.**

J. Fleishman, F. Hellinger, *Journal of Acquired Immune Deficiency Syndromes*, 34(1):September 1, 2003, 102-110. Using comprehensive hospital discharge data from seven States, examines trends in HIV-related inpatient admissions and length of stay from 1996 through 2000. (AHRQ 04-R008)

**Use of Alternative Therapists Among People in Care for HIV in the United States.**

A. London, C. Foote-Ardah, J. Fleishman, et al., *American Journal of Public Health*, 93(6):June 2003, 980-987. Examines the influence of sociodemographic, clinical, and attitudinal variables on the use of alternative therapists by people in care for HIV. (AHRQ 03-R046)

## **Bioterrorism**

**Addressing the Smallpox Threat: Issues, Strategies, and Tools.** *Bioterrorism Preparedness Issue Brief No. 1*, February 2004, 6 pp. Summa-

rizes an audioconference that examined the implementation of the Centers for Disease Control and Prevention's smallpox vaccination program and strategies to assist public health officials in responding to a potential smallpox outbreak. (AHRQ 04-P006)

**Altered Standards of Care in Mass Casualty Events.**

Agency for Healthcare Research and Quality, March 2005, 43 pp. White Paper summarizes the recommendations of a group of experts who met in August 2004 to discuss the provision of health and medical care in a mass casualty event. (AHRQ 05-0043)

**Bioterrorism and Other Public Health Emergencies: Linkages with Community Providers.**

*Bioterrorism Preparedness Issue Brief No. 6*, January 2005, 4 pp. Summarizes a Web-assisted audioconference that examined the role of community providers in detecting and responding to a potential bioterrorist event or other public health emergency, and also examined the efforts of a pediatric practice-based research network to enable community-based providers to share information on emerging public health threats. (AHRQ 05-0032)

**Changing Organizations for Their Likely Mass-Casualties Future.**

J. Begun, J. Jiang, *Advances in Health Care Management*, 4:2004, 163-180. Investigates how organizations can change in order to be better prepared for unforeseen, catastrophic events in general, and bioterrorism in particular. (AHRQ 05-R004)

**Community-Based Mass Prophylaxis: A Planning Guide for Public Health Preparedness.**

Agency for

Healthcare Research and Quality, August 2004, 74 pp. Planning guide to assist public health and emergency management officials devise comprehensive mass prophylaxis plans to ensure that civilian populations have timely access to necessary antibiotics and/or vaccines in the event of a bioterrorist attack or natural disease outbreak. (AHRQ 04-0044)

**Disaster Planning Drills and Readiness Assessment.**

*Bioterrorism Preparedness Issue Brief No. 2*, February 2004, 4 pp. Summarizes an audioconference that examined resources to assist hospitals and other health systems in preparing for bioterrorism disasters, and in conducting disaster response. (AHRQ 04-P007)

**Evaluation of Hospital**

**Disaster Drills: A Module-Based Approach.**

Agency for Healthcare Research and Quality, April 2004, 128 pp. In collaboration with Johns Hopkins University, presents an approach to the evaluation of hospital disaster drills that consists of a series of evaluation modules and addendums to identify specific weaknesses that can be targeted for improvement, and to promote continuing efforts to strengthen hospital disaster preparedness. (AHRQ 04-0032) **CD-ROM** (AHRQ 04-0032-CD)

**Health Emergency Assistance Line and Triage Hub**

**(HEALTH) Model.** Agency for Healthcare Research and Quality, January 2005, 92 pp. Report helps planners determine the requirements, specifications, and resources needed for developing an emergency contact center such as the HEALTH model. (AHRQ 05-0040)

**Optimizing Surge Capacity: Hospital Assessment and Planning.** *Bioterrorism Preparedness Issue Brief No. 3*, February 2004, 4 pp. Summarizes an audioconference that examined tools to assist hospitals and other health care facilities to assess their current capacity and develop a plan to achieve surge capacity. (AHRQ 04-P008)

**Optimizing Surge Capacity: Regional Efforts in Bioterrorism Readiness.** *Bioterrorism Preparedness Issue Brief No. 4*, February 2004, 6 pp. Summarizes an audioconference that examined regional strategies to identify and mobilize resources to respond to a public health disaster such as a bioterrorist attack. (AHRQ 04-P009)

**Rocky Mountain Regional Care Model for Bioterrorist Events.** Agency for Healthcare Research and Quality, August 2004. Model addresses medical surge capacity needs in the event of a bioterrorist incident. (AHRQ 04-0075)

**The Role of Information Technology and Surveillance Systems in Bioterrorism Readiness.** *Bioterrorism Preparedness Issue Brief No. 5*, March 2005, 5 pp. Describes syndromic monitoring systems and how they are used to track trends within patient populations and to establish early warning of disease outbreaks, including potential bioterrorist activity. (AHRQ 05-0072)

**Surge Capacity—Education and Training for a Qualified Workforce.** *Bioterrorism Preparedness Issue Brief No. 7*, October 2004, 6 pp. Summarizes an audioconference that examined how education and training efforts are being used to create and maintain the readiness of an appropriately

trained workforce that can respond to a sudden increase in surge capacity needs. (AHRQ 04-P028)

## Children's Health

**The ABCs of Children's Health Care: How the Medicaid Expansions Affected Access, Burdens, and Coverage Between 1987 and 1996.** J. Banthin, T. Selden, *Inquiry*, 40:Summer 2003, 133-145. Examines changes over a 9-year period in access, burdens, and coverage among children eligible for Medicaid through the expansions. (AHRQ 03-R061)

**Care of Children and Adolescents in U.S. Hospitals.** P. Owens, J. Thompson, A. Elixhauser, et al., *HCUP Fact Book 4*, October 2003, 52 pp. Examines hospital care for children using HCUP's Kids' Inpatient Database. Provides in-depth analyses of why children and adolescents are hospitalized, what types of procedures children receive, who is billed for children's hospital stays, and disparities in outcomes and use of services, among other topics. (AHRQ04-0004)

**Child Health Toolbox: Measuring Performance in Child Health Programs.** Agency for Healthcare Policy and Research, revised June 2004. Describes in a four-panel brochure an online resource to help policymakers, program directors, and their staffs measure how well child health programs perform. Explains that the *Child Health Toolbox* introduces quality measures being used in Medicaid, State Children's Health Insurance Plans, and Title V programs, and that it may also be useful

to health care consumers, advocates, and providers. (AHRQ 01-0025)

**Childhood Obesity: Is There Effective Treatment?** J. Greaser, J. Whyte, *Consultant*, September 2004, 1349-1353. Discusses how to calculate body mass index in children and identify those who require further evaluation. Also outlines practical steps to help prevent and treat childhood obesity. (AHRQ 05-R011)

**Children with Special Health Care Needs Enrolled in the State Children's Health Insurance Program (SCHIP): Patient Characteristics and Health Care Needs.** P. Szilagyi, E. Shenkman, C. Brach, et al., *Pediatrics*, 112(6):December 2003, e508-e520. Uses data from the Child Health Insurance Research Initiative to measure the prevalence of children with special health care needs in SCHIP in four States; describes their demographic and health care features at enrollment; and compares their sociodemographic characteristics, health status, prior health care experiences, and unmet needs versus children without special health care needs. (AHRQ 04-R017)

**Children's Dental Care Access in Medicaid: The Role of Medical Care Use and Dentist Participation.** K. VanLandeghem, J. Bronstein, C. Brach, *CHIRI™ Issue Brief No. 2*, June 2003, 6 pp. Reports on children's dental care use in the Alabama and Georgia Medicaid programs during the late 1990s (before these States' efforts to improve dentist participation in Medicaid). Provides insights for improving dental care access and service delivery to children enrolled in



Medicaid and the State Children's Health Insurance Program. (AHRQ 03-0032)

**Children's Health Care in the First National Healthcare Quality Report and National Healthcare Disparities Report.**

D. Dougherty, S. Meikle, P. Owens, et al., *Medical Care*, Supplement, 43(3):March 2005, 58-63. Highlights why a focus on children is appropriate for the first National Healthcare Quality and Disparities Reports, presents selected highlights of findings on children's health care quality and disparities from the reports, and stimulates improvements in measurement and reporting on children's health care that can enhance future reports. (AHRQ 05-R053)

**Children's Health Coverage: A Quarter-Century of Change.**

P. Cunningham, J. Kirby, *Health Affairs*, 23(5):September/October 2004, 27-38. Describes trends in children's health insurance coverage over the past quarter-century. Puts coverage in a historical context and shows how changes in key characteristics of children, public policy, and affordability of private insurance have all contributed to changes in coverage. (AHRQ 04-R065)

**The Cost-Effectiveness of an Inner-City Asthma Intervention for Children.**

S. Sullivan, K. Weiss, H. Lynn, *Journal of Allergy and Clinical Immunology*, 110(4):October 2002, 576-581. Evaluates the cost-effectiveness of the National Cooperative Inner-City Asthma Study (a comprehensive social worker-based education program and environmental control intervention). Demonstrates the economic implications of the

intervention and success in reducing symptoms in this underserved population. (AHRQ 03-R006)

**Does SCHIP Benefit All Low-Income Children? K.**

VanLandeghem, C. Brach. *CHIRI Issue Brief No. 4*, December 2004, 6 pp. Discusses how the State Children's Health Insurance Program affects access to and satisfaction with care for new enrollees, including vulnerable children and adolescents with special health care needs. (AHRQ 05-0010)

**First, Do No Harm: Reducing Pediatric Medication Errors.**

R. Hughes, E. Edgerton, *American Journal of Nursing*, 105(5):May 2005, 36-42. Discusses the frequency of pediatric medication errors, the unique vulnerabilities of children, and the disproportional reliance on ambulatory care as compared to inpatient care. (AHRQ 05-R052)

**Health Care for Children and Youth in the United States: Annual Report on Patterns of Coverage, Utilization, Quality, and Expenditures by Income.**

L. Simpson, P. Owens, M. Zodet, et al., *Ambulatory Pediatrics*, 5(1): 2005, 6-44. Examines differences by income in health care for children in the United States by examining data from the 2000-2002 Medical Expenditure

Panel Survey and the 2001 Nationwide Inpatient Sample from the Healthcare Cost and Utilization Project. (AHRQ 05-R048)

**Health Care for Children and Youth in the United States: 2001 Annual Report on Access, Utilization, Quality, and Expenditures.**

A. Elixhauser, S. Machlin, M. Zodet, et al., *Ambulatory Pediatrics*, 2(6):November-December 2002, 419-437. Updates previous reports that explore various dimensions of health care (such as the use of ambulatory and inpatient services) for children and youth. Includes data on insurance coverage, use of health care services, health expenditures, source of payment, parents' perceived quality of care for their children's experiences, and variation in hospitalizations for children. (AHRQ 03-R015)

**Health Care for Children and Youth in the United States: 2002 Report on Trends in Access, Utilization, Quality, and Expenditures.**

L. Simpson, M. Zodet, F. Chevarley, *Ambulatory Pediatrics*, 4(2):March-April 2004, 131-153. The fourth in an annual series, provides the latest data available on health care for children and youth and examines changes in key dimensions of health care over time. (AHRQ 04-R042)

**Combating Childhood Obesity**

**Max's Magical Delivery.** September 2004. A DVD for kids and parents to help fight childhood obesity, sponsored by the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, and FitTV and Discovery Communications. (AHRQ 04-0088-DVD) **Childhood Obesity: Combating the Epidemic.** Accompanying DVD for clinicians to earn CME credit by learning about the latest recommendations and receiving useful tools about combating childhood obesity. (AHRQ 04-0089-DVD)

**Kawasaki Syndrome Hospitalizations in the United States, 1997 and 2000.** R. Holman, A. Curns, E. Belay, et al., *Pediatrics*, 112(3): September 2003, 495-501. Estimates the incidence and describes the epidemiologic characteristics of Kawasaki syndrome among children in the United States. (AHRQ 04-R002)

**Market Watch: Exploring the Business Case for Improving the Quality of Health Care for Children.** C. Homer, Child Health Business Case Working Group, *Health Affairs*, 23(4):July/August 2004, 159-166. Examines the business case for improving quality in health care for children by delineating aspects of children's health care, such as the need for care, patterns of use, and how care is organized and financed, that differ from adult care. (AHRQ 04-R062)

**Measuring the Quality of Children's Health Care: A Prerequisite to Action.** D. Dougherty, L. Simpson, *Pediatrics*, 113(1):January 2004, 185-198. Discusses the results of an expert meeting held to review and assess the state of the science and practice of quality measurement for children's health care, identify gaps, and develop priorities for future investments by both private and public funders. (AHRQ 04-R026)

**Neonatal Circumcision: Cost-Effective Preventive Measure or "the Unkindest Cut of All?"** D. Gray, *Medical Decision Making*, 24(6): November/December 2004, 688-692. Discusses costs associated with routine neonatal circumcision (performed as a preventive rather than a therapeutic measure). (AHRQ 05-R029)

**Outcomes Research in Pediatric Settings: Recent Trends and Future Directions.** C. Forrest, S. Shipman, D. Dougherty, et al., *Pediatrics*, 111(1):January 2003, 171-178. Provides a snapshot of pediatric outcomes research from 39 journals published during a 6-year interval (1994-1999); reveals advances in measure development, immunization research, and assessments of neonatal services; and notes the paucity of effectiveness research. (AHRQ 03-R018)

**Patient Safety Events During Pediatric Hospitalizations.** M. Miller, A. Elixhauser, and C. Zhan, *Pediatrics* 111(6):June 2003, 1358-1366. Describes potential patient safety events for hospitalized children using patient safety indicators (PSIs). Discusses the epidemiology of PSI events from 22 States; explores the relationship between PSI events and in-hospital length of stay, mortality, and charges; and examines the correlates of PSI events. (AHRQ 03-R042)

**Pediatric Patient Safety in Hospitals: A National Picture in 2000.** M. Miller, C. Zhan, *Pediatrics*, 113(6):June 2004, 1741-1746. Describes potential patient safety events for hospitalized children, examines associated factors, and explores impacts of safety events. (AHRQ 04-R047)

**Pediatric Patient Safety in the Ambulatory Setting.** M. Miller, P. Pronovost, H. Burstin, *Ambulatory Pediatrics*, 4(1):January-February 2004, 47-54. Lays the groundwork for a patient safety research agenda for pediatric ambulatory care. Presents an overview of patient safety in general, discussing issues related to pediatric patient safety; an overview of what is

known regarding ambulatory patient safety based on a systematic literature review; and a framework for improving pediatric patient safety in the ambulatory setting. (AHRQ 04-R031)

**Quality Measures for Children's Health Care.** A. Beal, J. Co, D. Dougherty, et al., *Pediatrics*, 113(1):January 2004, 199-209. Reviews existing health care quality measures for children for both assessing the current state and identifying areas requiring additional research and development. (AHRQ 04-R025)

**Relevance of the Agency for Healthcare Research and Quality Patient Safety Indicators for Children's Hospitals.** A. Sedman, J. Harris, K. Schulz, et al., *Pediatrics*, 115(1): January 2005, 135-145. Applies AHRQ's Patient Safety Indicators (PSIs) to a national children's hospital database to establish mean rates for each of the PSI events in children's hospitals, to investigate the inadequacies of PSI in relation to pediatric diagnoses, and to express the data in such a way that children's hospitals could use the PSIs for comparison with their own data. Attempts to use the data to set priorities for ongoing clinical investigations and to propose interventions. (AHRQ 05-R034)

**The Role of Race and Ethnicity in the State Children's Health Insurance Program (SCHIP) in Four States: Are There Baseline Disparities, and What Do They Mean for SCHIP?** L. Shone, A. Dick, C. Brach, et al., *Pediatrics*, 112(6): December 2003, e521-e532. Uses data from the Child Health Insurance Research Initiative to describe the sociodemographic profile of

new enrollees in SCHIP in Alabama, Florida, Kansas, and New York; determines if there were differences in health insurance and health care experiences among white, black, and Hispanic SCHIP enrollees before enrollment in SCHIP; and explores whether race or ethnicity, controlled for other factors, affected pre-SCHIP access to health coverage and health care. (AHRQ 04-R016)

**SCHIP Disenrollment and State Policies.** K. VanLandeghem, C. Brach, *CHIRI Issue Brief No. 1*, June 2002, 6 pp. First of a series of reports from the Child Health Insurance Research Initiative (CHIRI). Examines the enrollment and disenrollment experiences of freestanding State Children's Health Insurance Programs in Florida, Oregon, Kansas, and New York. Reports on the relationship between State policies and disenrollment. (AHRQ 02-0017)

**SCHIP's Impact in Three States: How Do the Most Vulnerable Children Fare?** A. Dick, C. Brach, R. Allison, et al., *Health Affairs*, 23(5): September/October 2004, 63-75. Provides evidence from three diverse States with heterogeneous populations and distinct programs that the SCHIP increased access to and satisfaction with health care among enrolled low-income children, and that vulnerable children shared in these improvements. Highlights some areas to target for future improvement. (AHRQ 04-R066)

**Tracking Changes in Eligibility and Coverage Among Children, 1996-2002.** T. Selden, J. Hudson, J. Banthin, *Health Affairs*, 23(5): September/October 2004, 39-50. Uses data from the 1996-

2000 Medical Expenditure Survey to track changes in the eligibility and coverage of children. Discusses improvements in program participation, reflecting the success of efforts to improve outreach, simplify enrollment, and increase retention. (AHRQ 04-R067)

**Trends in Children's Antibiotic Use: 1996 to 2001.** G. Miller, W. Carroll, *MEPS Research Findings No. 23*, March 2005, 22 pp. Uses nationally representative data from the Medical Expenditure Panel Survey to examine antibiotic use by U.S. children for the years 1996-2001. (AHRQ 05-0020)

**Understanding the Seasonal Pattern of Childhood Asthma: Results from the National Cooperative Inner-City Asthma Study (NCICAS).** P. Gergen, H. Mitchell, and H. Lynn, *The Journal of Pediatrics*, 141(5):November 2002, 631-636. Contrasts the seasonal patterns of asthma symptoms with health care utilization; and determines the impact of allergen sensitivity, environmental tobacco smoke, and air pollution on the seasonal patterns of asthma. (AHRQ 03-R017)

**Who's Enrolled in SCHIP?** K. VanLandeghem, C. Brach, *CHIRI™ Issue Brief No. 3*, December 2003, 6 pp. Summarizes findings from the Child Health Insurance Research Initiative (CHIRI™) projects in five States whose State Children's Health Insurance Program (SCHIP) programs accounted for 30 percent of SCHIP enrollment in 2001. (AHRQ 04-0015)

**Who's Enrolled in the State Children's Health Insurance Program (SCHIP)? An**

**Overview of Findings From the Child Health Insurance Research Initiative (CHIRI).** C. Brach, E. Lewit, K. VanLandeghem, et al., *Pediatrics*, 112(6):December 2003, e499-e507. Examines the demographic characteristics and health care experiences of SCHIP enrollees, particularly children with special health care needs, racial and ethnic minority children, and adolescents before enrolling in the program; the quality of the care adolescents received before enrollment; and the changes in enrollee characteristics as programs evolve and mature. (AHRQ 04-R015)

## Clinical Practice Guidelines

**Clinical Practice Guidelines and Performance Indicators as Related—But Often Misunderstood—Tools.** A. Malley, C. Clancy, J. Thompson, et al., *Joint Commission Journal on Quality and Safety*, 30(3):March 2003, 163-171. Reviews the purpose of and tensions between clinical practice guidelines and performance indicators, and discusses the implications of these tensions, both in general and with reference to the U.S. Congress-mandated *National Healthcare Quality Report*. (AHRQ 04-R037)

**National Guideline Clearinghouse (NGC) Brochure.** Agency for Healthcare Research and Quality, July 2000. Two-fold brochure provides information about this publicly available database of evidence-based clinical practice guidelines and related documents. Provides free online access to Internet users at [www.guideline.gov](http://www.guideline.gov).



## Treating Tobacco Use and Dependence

**Clinical Practice Guideline.** Public Health Service, June 2000. Contains strategies and recommendations to assist clinicians; tobacco dependence treatment specialists; and health care administrators, insurers, and purchasers in delivering and supporting effective cessation treatments for tobacco use and dependence. (AHRQ 00-0032)

**You Can Quit Smoking Kit.** A one-stop source for information to help smokers become tobacco-free. Contains guideline products available in English, Spanish, and easy-to-read formats designed specifically for consumers. (AHRQ 03-0023)

Products listed below are contained in the *You Can Quit Smoking Kit* and may be ordered separately:

**Good Information for Smokers, Consumer Guide.** (AHRQ 02-0049; AHRQ 03-0005 Spanish)

**You Can Quit Smoking, Consumer Guide.** (AHRQ 00-0033; AHRQ 00-0046 Spanish)

**5-Day Countdown, Flip Book.** (AHRQ 02-0048; AHRQ 03-0045 Spanish)

**Quitting Helps You Heal Faster, Hospital Card.** (English/Spanish) (AHRQ 03-0044)

**You Can Quit Smoking, Card.** (AHRQ 02-0047; AHRQ 03-0006 Spanish)

**Clinician's Packet.** A how-to guide for implementing the Public Health Service clinical practice guideline. Contains information about developing a system, advising patients, special populations, and reimbursement; and products for clinicians and consumers. (AHRQ 03-0029)

Products listed below are contained in the *Clinician's Packet* and may be ordered separately:

**Quick Reference Guide for Clinicians.** (AHRQ 00-0036)

**Helping Smokers Quit, A Pocket Guide for Nurses.** (AHRQ 05-0035)

**Health Systems Guide.** (AHRQ 00-0037)

**Clinician Tear Sheet, Primary Care.** (AHRQ 00-0034; AHRQ 00-0055 Spanish)

**Clinician Tear Sheet, Prenatal.** (AHRQ 00-0052; AHRQ 00-0065 Spanish)

The *Clinician's Packet* also includes products for consumers. See *You Can Quit Smoking Kit*.

### Other Treating Tobacco Use Products

**You Can Quit Smoking Poster.** (AHRQ 05-0060-1; AHRQ 05-0060-2 Spanish)



(AHRQ 00-0047)

**CD-ROM Tutorial.** Provides information on accessing and using the NGC. (AHRQ 04-M041-CD)

**Standardized Reporting of Clinical Practice Guidelines: A Proposal from the Conference on Guideline Standardization.** R. Shiffman, P. Shekelle, J. Overhage, et al., *Annals of Internal Medicine*, 139(6):September 16, 2003, 493-500. Discusses the results of the Conference on Guideline Standardization, convened in April 2002 to define a standard for guideline reporting to

promote guideline quality and facilitate implementation. (AHRQ 04-R007)

### **Cardiac Rehabilitation**

Agency for Health Care Policy and Research, October 1995. A series of booklets discusses a comprehensive approach to cardiac rehabilitation that includes exercise training to improve exercise tolerance and stamina; and education, counseling, and behavioral interventions to assist patients in achieving and maintaining optimal health.

**Cardiac Rehabilitation as Secondary Prevention. Quick Reference Guide for Clinicians.** 24 pp. (AHCPR 96-0673)

**Cardiac Rehabilitation. Clinical Practice Guideline Number 17.** 202 pp. (AHCPR 96-0672)

**Recovering From Heart Problems Through Cardiac Rehabilitation. Patient Guide.** 13 pp. (AHCPR 96-0674) **Spanish language booklet** (AHCPR 96-0675)

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## **Pressure Ulcer Treatment**

Agency for Health Care Policy and Research, December 1994. A series of booklets offers a comprehensive program for treating adults with pressure ulcers, with a focus on patient assessment, tissue load management, ulcer care, management of bacterial colonization and infection, operative repair in selected patients, and education and quality improvement. The guides for clinicians and consumers also include information on assessing the patient's nutritional status and selecting irrigation devices, cleansing solutions, and support surfaces.

**Pressure Ulcer Treatment. Quick Reference Guide for Clinicians.** 27 pp. (AHCPR 95-0653)

**Treating Pressure Sores. Consumer Guide.** 25 pp. (AHCPR 95-0654) **Spanish language booklet** (AHCPR 95-0655)

**Treatment of Pressure Ulcers. Clinical Practice Guideline Number 15.** 154 pp. (AHCPR 95-0652)

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## **Pressure Ulcers in Adults**

Agency for Health Care Policy and Research, May 1992. A series of booklets describes pressure ulcers, sites, risk of formation, prevention, and care.

**Pressure Ulcers in Adults: Prediction and Prevention. Clinical Practice Guideline Number 3.** 63 pp. (AHCPR 92-0047)

**Pressure Ulcers in Adults: Prediction and Prevention. Quick Reference Guide for Clinicians.** 15 pp. (AHCPR 92-0050)

**Preventing Pressure Ulcers. A Patient's Guide.** 11 pp. (AHCPR 92-0048) **Spanish language booklet** (AHCPR 93-0014)

## **Clinical Preventive Services**

**County Characteristics and Racial and Ethnic Disparities in the Use of Preventive Services.** M. Benjamins, J. Kirby, S. Bond Huie, *Preventive Medicine*, 39:2004, 704-712. Finds that county racial or ethnic composition is associated with the utilization of certain preventive services, net of individual-level characteristics. (AHRQ 05-R036)

**Long-Term Effectiveness of Weight-Loss Interventions in Adults with Pre-Diabetes: A Review.** S. Norris, X. Zhang, A. Avenell, et al., *American Journal of Preventive Medicine*, 28(1):2005, 126-139. Assesses the effectiveness of weight-loss and weight-control interventions for adults with pre-diabetes, an important risk factor for the development of type 2 diabetes. Finds that overall, weight-loss strategies using dietary, physical activity, or behavioral interventions produced significant improvements in weight among persons with pre-diabetes, and a significant decrease in diabetes incidence. (AHRQ 05-R025)

**Motorcycle-Related Hospitalizations in the United States, 2001.** J. Coben, C. Steiner, P. Owens, *American Journal of Preventive Medicine*, 27(5):2001, 355-352. Examines the prevalence of motorcycle-related hospitalization in the United States in 2001 and describes the demographic, clinical, hospital, and financial

characteristics associated with these injuries. (AHRQ 05-R015)

**Multiple Risk Factors Interventions. Are We Up to the Challenge?** D. Atkins, C. Clancy, *American Journal of Preventive Medicine*, 27(2S):2004, 102-103.

Discusses argument for both clinicians and researchers to adopt a more comprehensive and integrated approach to promoting healthier lifestyles in place of the current practice of addressing individual risk factors in isolation. (AHRQ 04-R063)

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## **Prevention Dissemination and Implementaton (Put Prevention Into Practice)**

Put Prevention Into Practice, a national program sponsored by AHRQ, develops resources for clinicians, patients, and office systems to increase the delivery of U.S. Preventive Services Task Force-recommended preventive services in the primary care setting.

### **Starter Kit**

**What's New in Clinical Prevention? Information from the U.S. Preventive Services Task Force and Put Prevention Into Practice.** Agency for Healthcare Research and Quality, updated periodically. Put Prevention Into Practice tools are based on the recommendations of the U.S. Preventive Services Task Force (USPSTF). This convenient kit includes fact sheets, booklets for patients in English and Spanish, and ordering information for all USPSTF and Put Prevention Into Practice products (APPIP 01-0009: single copies free; bulk, \$5).



## **Checklists for Consumers**

**Men: Stay Healthy at Any Age. Checklist for Your Next Checkup.** June 2003. Explains the U.S. Preventive Services Task Force's recommendations for ensuring men's health and preventing disease in an eight-panel brochure. Provides descriptions of seven screening tests (when and how often they should be conducted); provides spaces for recording test dates; discusses preventive medicines; and offers tips for staying healthy. (APPIP 03-0011; first 100 copies free; additional package of 25, \$2.50) **Spanish language brochure** (APPIP 03-0013)

**Women: Stay Healthy at Any Age. Checklist for Your Next Checkup.** January 2004. Explains the U.S. Preventive Services Task Force's recommendations for ensuring women's health and preventing disease in an eight-panel brochure. Provides descriptions of nine screening tests (when and how often they should be conducted); provides spaces for recording test dates; discusses preventive medicines; and offers tips for staying healthy. (APPIP 03-0008; first 100 copies free; additional package of 25, \$2.50) **Spanish language brochure** (APPIP 03-0009)

## **Pocket Guides for Consumers**

**The Pocket Guide to Good Health for Adults.** May 2003, 70 pp. Reminds health care consumers of the five basics for taking care of their health: (1) what to ask and tell health care professionals; (2) how to take charge of their health; (3) which checkups, tests, and shots are needed and when to get them; (4) where to get more information; and (5) how to keep track of their health

care. (APPIP 03-0001; first 100 copies free; additional package of 25, \$15) **Spanish language booklet** (APPIP 03-0010)

**The Pocket Guide to Good Health for Children.** May 2004, 46 pp. Provides a brief explanation of prevention topics for children, such as immunizations, growth and development, and nutrition. Includes a place to keep records of tests, examinations, growth, and other information. (AHRQ 04-IP004-A; first 100 copies free; additional package of 25, \$15) **Spanish language booklet** (AHRQ 04-IP004-B)

**The Pocket Guide to Staying Healthy at 50+.** November 2003, 70 pp. Developed by AHRQ in partnership with AARP. Describes ways that people aged 50 and older can stay healthy, including how to prevent certain diseases and conditions; screening tests to find conditions or diseases early; and immunizations to prevent diseases. (AHRQ 04-IP001-A; first 100 copies free; additional package of 25, \$15) **Spanish language booklet** (AHRQ 04-IP001-B)

## **Implementation Guide for Clinicians and Office Staff**

**A Step-by-Step Guide to Delivering Clinical Preventive Services: A Systems Approach.** October 2001. Explains how to evaluate delivery of preventive services and integrate whatever changes, large or small, are needed to make the routine delivery of preventive services part of a practice setting. Includes worksheets, health risk profiles, and preventive care flow sheets. (APPIP 01-0001; three copies free; \$20 each additional book)

## **Handbook for Clinicians and Office Staff**

### **Posters**

**Clinical Preventive Services Timeline for Children and Adolescents.** (AHRQ 04-IP008; single copies free; \$2 each additional poster)

**Clinical Preventive Services Timeline for Normal-Risk Adults.** (APPIP 02-0022); (single copies free; \$2 each additional poster)

**We Put Prevention Into Practice.** (APPIP 02-0021; single copies free; \$2 each additional poster)

All Put Prevention Into Practice materials are available from the AHRQ Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907. Call: 800-358-9295. Please refer to APPIP or AHRQ number when ordering.

Discounts are available for bulk orders. Please inquire for prices.

## **U.S. Preventive Services Task Force**

The U.S. Preventive Services Task Force documents the evidence supporting many preventive services and has helped to increase awareness, delivery, and coverage of preventive care. A series of evidence-based prevention materials are available in several formats for health care providers and the public.

**Guide to Clinical Preventive Services, 3rd Edition: Periodic Updates.** June 2005. Provides compilation of the USPSTF recommendations and

the supporting evidence that updates the recommendations since 2001. Contents of loose-leaf notebooks have been released approximately twice each year, and a cumulative index has been released annually. Available in two looseleaf volumes. (AHRQ 02-500; \$30 for complete compilation/CD-ROM (AHRQ 05-0578-CD))

### **The Guide to Clinical Preventive Services 2005.**

June 2005, 176 pp. Pocket-sized guide is a compilation of abridged USPSTF recommendations released from 2001 to 2004 that can be used as an evidence-based tool at the point of patient care. (AHRQ 05-0570; single copies free)

### **What's New**

This series of fact sheets is based on individual recommendations from the USPSTF for clinicians, the media, and policymakers. Summarizes Task Force recommendations and gives background information on the topics addressed:

**Aspirin for the Primary Prevention of Cardiovascular Events** (APPIP 02-004)

**Behavioral Interventions to Promote Breastfeeding** (APPIP 03-0016)

**Breast Cancer Chemoprevention** (APPIP 02-0024)

**Colorectal Cancer Screening** (APPIP 02-0023)

**Dental Caries Prevention in Preschool Children** (AHRQ 04-IP006)

**Hormone Replacement Therapy** (APPIP 02-0020)

**Routine Vitamin Supplementation to Prevent Cancer and Cardiovascular Disease** (APPIP 03-0012)

**Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse** (AHRQ 04-IP010)

**Screening for Abdominal Aortic Aneurysm** (AHRQ 05-IP002)

**Screening for Bacterial Vaginosis in Pregnancy** (APPIP 01-0012)

**Screening for Breast Cancer** (APPIP 02-0016)

**Screening for Cervical Cancer** (APPIP 03-0004)

**Screening for Chlamydial Infection** (APPIP 01-0010)

**Screening for Depression** (APPIP 02-0019)

**Screening for Hepatitis C Virus in Adults** (AHRQ 04-IP007)

**Screening for Lipid Disorders** (APPIP 01-0011)

**Screening for Obesity in Adults** (AHRQ 04-IP002)

**Screening for Osteoporosis in Postmenopausal Women** (APPIP 02-0025)

**Screening for Prostate Cancer** (APPIP 03-0003)

**Screening for Type 2 Diabetes Mellitus in Adults** (APPIP 03-0005)

**Screening for Visual Impairment in Children Younger than Age 5 Years** (AHRQ 04-IP012)

## **Consumer Information and Education**

**Be Informed: Questions to Ask Your Doctor Before You Have Surgery.** Agency for Health Care Policy and Research, January 1995, 12 pp. Provides 12 questions for patients to ask their primary

See pp. 7-9 for other materials for consumers.

care doctor and surgeon before having surgery—and the reasons for each question. Resources for additional information are included. (AHCPR 95-0027) **Spanish language booklet** (AHCPR 95-0064)

**Choosing and Using a Health Plan.** Agency for Health Care Policy and Research and Health Insurance Association of America, March 1997, 29 pp. Explains to consumers how to choose and use a health plan, and where to look for more information. (AHCPR 97-0011) **Spanish language booklet** (AHCPR 98-0013)

**Common Uterine Conditions. Options for Treatment.** Agency for Health Care Policy and Research, December 1997, 33 pp. Explains most of the problems that can affect a woman's reproductive system and the ways the problems can be treated. (AHCPR 98-0003) **Spanish language booklet** (AHCPR 98-0016)

**Crossing the Language Chasm.** C. Brach, I. Fraser, K. Paez, *Health Affairs*, 24(2): 2005, 424-434. Reviews the evidence on the link between linguistic competence and health care quality and the impact of particular language-assistance strategies. (AHRQ 05-R038)

**Improving Health Care Quality. A Guide for Patients and Families.** Agency for Healthcare Research and Quality, October 2000, 21 pp. Discusses some of the reasons for variations in health care quality and steps consumers can take to improve the quality

of their care. (AHRQ 01-0004)  
**Spanish language booklet**  
(AHCPR 01-0032)

**Surgery Choices for Women with Early-Stage Breast Cancer.** National Cancer Institute and Agency for Healthcare Research and Quality, August 2004, 24 pp. Provides information to help women with early-stage breast cancer choose which type of breast surgery to have. (PHS 04-M053) **Spanish language booklet** (AHRQ 05-0031)

**Ways You Can Help Your Family Prevent Medical Errors!** Agency for Healthcare Research and Quality, October 2001, 10 pp. An easy-to-read guide for consumers about how to prevent common health care mistakes. (AHRQ 01-0017) **Spanish language booklet** (AHRQ 02-0001)

**Your Medicine: Play It Safe.** The National Council on Patient Information and Education and Agency for Healthcare Research and Quality, February 2003, 12 pp. Instructs patients about how to partner with health care professionals to ensure they take the right medicines correctly. Explains four ways to “play it safe;” and provides a tear-off, wallet-size form for recording medicines and supplements, and emergency contact and other medical information. (AHRQ

03-0019; up to 10 copies free)  
**Spanish language booklet**  
(AHRQ 03-0028) Includes insert on **Women and Medicines: What You Need to Know**, April 2005, English/Spanish (AHRQ 03(05)-0019-A)

## Data Development and Use

**AHRQ WebM&M.** Agency for Healthcare Research and Quality, March 2003, two-fold brochure. Describes a Web-based patient safety resource that incorporates a peer-reviewed journal. Site includes descriptions of specific cases of medical errors and patient safety problems, commentaries, a users’ forum, and links to other patient safety resources. (AHRQ 03-0014)

**CFACT Data Center.** Agency for Healthcare Research and Quality, November 2003, two-fold brochure. Describes the CFACT Data Center, a resource for researchers and data users to access AHRQ data that have not been publicly released for reasons of confidentiality. Also includes information about submitting a proposal, data available through the Center, the applica-

tion process, programming services, costs, and operations. (AHRQ 02-0019)

**Things My Data Never Told Me.** R. Weinick, *Academic Emergency Medicine*, 9(11):November 2002, 1071-1073. Observes everyday experiences in an emergency department and remarks on the inability of any large data-collection effort to capture the breadth and depth of information on patients and practitioners. Reminds health services researchers, “never assume that any data set tells the whole story.” (AHRQ 03-R019)

## Dental Health

**An Analysis of Oral Surgical Dental Visits by Provider Type, 1996.** R. Manski, J. Moeller, and J. Hupp, *Oral Surgery, Oral Medicine, Oral Pathology*, 94(6):December 2002, 687-691. Uses data from the 1996 Medical Expenditure Panel Survey to examine the status of oral surgical services in the context of practitioner type, and to estimate the extent to which these services are provided by oral and maxillofacial surgeons or other dentists. Examines the roles that socioeconomic and racial factors play in deciding whether a generalist or oral or maxillofacial surgeon provides routine exodontia in a community. (AHRQ 03-R024)

**An Analysis of Preventive Dental Visits by Provider Type, 1996.** H. Goodman, M. Manski, J. Williams, et al., *JADA*, 136:February 2005, 221-228. Examines patterns of preventive dental visit utilization by analyzing the receipt of preventive dental services in



**MEPSnet.** This interactive online service presents data from the Medical Expenditure Panel Survey (MEPS). MEPSnet/HC

([www.meps.ahrq.gov/MEPSNet/HC/MEPSnetHC.asp](http://www.meps.ahrq.gov/MEPSNet/HC/MEPSnetHC.asp)) gives easy access to statistics on insurance coverage and health care use, expenses, and sources of payment for the U.S. noninstitutionalized population using household-reported data. MEPSnet/IC ([www.meps.ahrq.gov/MEPSNet/IC/MEPSnetIC.asp](http://www.meps.ahrq.gov/MEPSNet/IC/MEPSnetIC.asp)) gives national statistics and trends on job-related health insurance using establishment-reported data.



the United States by type of dental provider. (AHRQ 05-R030)

**Dental Insurance Visits and Expenditures Among Older Adults.** R. Manski, H. Goodman, B. Reid, et al., *American Journal of Public Health*, 94(5):May 2004, 759-764. Using data from the 1996 Medical Expenditure Panel Survey, focuses on utilization of dental care services among older adults, and the effect of income and coverage associated with dental care use during 1996 for the U.S. noninstitutionalized populations. (AHRQ 04-R046)

**Dental Services: Use, Expenses, and Sources of Payment, 1996-2000.** E. Brown, R. Manski, *MEPS Research Findings No. 20*, January 2004, 57 pp. Characterizes how the civilian noninstitutionalized population used and paid for dental care from 1996 through 2000, using data from the Medical Expenditure Panel Survey. Estimates include annual expenses and sources of payment (including out-of-pocket amounts). These estimates are presented for the total population as well as for specific population groups categorized in terms of insurance coverage, income, employment, and Census region. The report emphasizes change over time. (AHRQ 04-0018)

**Hospital Admissions Associated with Nontraumatic Dental Emergencies in a Medicaid Population.** L. Cohen, L. Magder, R. Manski, *American Journal of Emergency Medicine*, 21(7): November 2003, 540-544. Examines visits to hospital emergency departments and subsequent admission for the

treatment of nontraumatic dental emergencies. (AHRQ 04-R059)

**Medicaid Coverage and Utilization of Adult Dental Services.** C. Mullins, L. Cohen, L. Magder, et al., *Journal of Health Care for the Poor and Underserved*, 15:2004, 672-687. Evaluates the economic impact of a policy change in adult Maryland Medicaid dental benefits that eliminated reimbursements to dentists, and examines all claims for 2 years before and after the change. (AHRQ 05-R042)

**A Medicaid Population's Use of Physicians' Offices for Dental Problems.** L. Cohen, R. Manski, L. Magder, et al., *American Journal of Public Health*, 93(8):August 2003, 1297-1301. Evaluates how the elimination of Medicaid reimbursement to dentists for treatment of adult dental problems affected patients' visits to physicians. (AHRQ 04-R005)

**Private Dental Coverage. Who Has It and How Does It Influence Dental Visits and Expenditures?** R. Manski, M. Macek, J. Moeller, *Journal of the American Dental Association*, 133:November 2002, 1551-1559. Uses data from the 1996 Medical Expenditure Panel Survey of the U.S. civilian community-based population. Examines the status of private dental insurance and the impact of private dental insurance coverage on the use of and expenditures for dental care services. (AHRQ 03-R008)

## Elderly/Long-Term Care

**Advance Care Planning: Preferences for Care at the End of Life.** B. Kass-

Bartelmes, R. Hughes, *Journal of Pain & Palliative Care Pharmacotherapy*, 18(1):2004, 87-109. Discusses predictors of patient wishes and influence of family and clinicians and describes research findings on patient decisionmaking relating to preferences in end-of-life care. (AHRQ 04-R060)

**Development of a Risk-Adjusted Urinary Incontinence Outcome Measure of Quality for Nursing Homes.** D. Mukamel, N. Watson, H. Meng, et al., *Medical Care*, 41(4):2003, 467-478. Demonstrates the feasibility of measuring the quality of urinary incontinence (UI) care for newly admitted nursing home residents. Considers a measure based on improvement in UI status within 3 months of admission and based on statistical regression techniques that allow for a more comprehensive risk adjustment. (AHRQ 03-R035)

**Effects of Facility Characteristics on Departures From Assisted Living: Results From a National Study.** C. Phillips, Y. Munoz, M. Sherman, et al., *The Gerontologist*, 43(5):November 2003, 690-696. Examines the impact of facility and individual characteristics on residents' departures from assisted living. (AHRQ 04-R019)

**Effects of Nursing Home Ownership Type and Resident Payer Source on Hospitalization for Suspected Pneumonia.** R. Konetzka, W. Spector, T. Shaffer, *Medical Care*, 42(10):October 2004, 1001-1008. Examines the role of proprietary status in the decision to hospitalize residents with suspected pneumonia, controlling for facility- and resident-level factors. (AHRQ 05-R002)

**Gender Differences in Drug Use and Expenditures in a Privately Insured Population of Older Adults.** R. Correa-de-Araujo, E. Miller, J. Banthin, et al., *Journal of Women's Health*, 14(1):January 2005, 73-81. Examines gender differences in use and expenditures for prescription drugs among Medicare and privately insured adults aged 65 and over, using data on a nationally representative sample of prescription drug purchases collected for the Medical Expenditure Panel Survey Household Component. (AHRQ 05-R019)

**Health Care Expenditure Burdens Among Elderly Adults: 1987 and 1996.** T. Selden, J. Banthin, *Medical Care*, Supplement, 41(7):2003, III-13-III-23. Examines burdens for the elderly using data from the 1987 National Medical Expenditure Survey and the 1996 Medical Expenditure Panel Survey. (AHRQ 03-R054)

**Home Care Before and After the Balanced Budget Act of 1997: Shifts in Financing and Services.** W. Spector, J. Cohen, I. Pesis-Katz, *The Gerontologist*, 44(1):2004, 39-47. Describes the pattern of change in home-care use and expenditures, the distribution of payments by source, and the mix of skilled versus nonskilled services before and after 1996. (AHRQ 04-R039)

**Hospitalization and Death Associated with Potentially Inappropriate Medication Prescriptions Among Elderly Nursing Home Residents.** D. Lau, J. Kasper, D. Potter, et al., *Archives of Internal Medicine*, 165:January 2005, 68-74. Discusses the association of potentially inappropriate medication prescriptions with subsequent adverse outcomes

(hospitalization and death), and provides new evidence of the importance of improving prescribing practices in the nursing home setting. (AHRQ 05-R024)

**Impact of Differential Item Functioning on Age and Gender Differences in Functional Disability.** J. Fleishman, W. Spector, B. Altman, *Journal of Gerontology: Social Sciences*, 57B(5):2002, S275-S284. Compares three age groups (18-49, 50-69, and 70+) and two gender groups to assess differential item functioning (DIF) in commonly used activities of daily living and instrumental activities of daily living; estimates age and gender differences in underlying disability levels; and identifies items that have particularly large DIF effects. (AHRQ 03-R001)

**The Influence of Rural Location on Utilization of Formal Home Care: The Role of Medicaid.** W. McAuley, W. Spector, J. Nostrand, et al., *The Gerontologist*, 44(5):2004, 655-664. Examines the impact of rural-urban residence on formal home-care utilization among older people, and determines whether and how Medicaid coverage influences the association between rural-urban location and risk of formal home-care use. (AHRQ 05-R010)

**Nursing Home Expenses, 1987 and 1996.** J. Rhoades, J. Sommers, *MEPS Chartbook No. 6*, June 2001, 47 pp. Presents estimates from the Medical Expenditure Panel Survey (MEPS) on changes in nursing home expenses and sources of payment from 1987 to 1996. (AHRQ 01-0029)

**Potentially Inappropriate Medication Prescriptions Among Elderly Nursing Home Residents: Their Scope and Associated Resident and Facility Characteristics.** D. Lau, J. Kasper, D. Potter, et al., *HSR: Health Services Research*, 39(5):October 2004, 1257-1276. Finds that, at minimum, 50 percent of all residents aged 65 or older with a nursing home stay of 3 months or longer received at least one potentially inappropriate medication prescription in 1996. Factors associated with lower odds of potentially inappropriate medication prescriptions were fewer medications, residents with communication problems, and being an accredited nursing home. (AHRQ 05-R022)

**Quality Report Cards and Nursing Home Quality.** D. Mukamel and W. Spector, *The Gerontologist*, Special Issue II, 43:2003, 58-66. Examines the potential role that publicly disseminated quality report cards can play in improving quality of care in nursing homes; explains the processes that influence the provision of nursing home quality and the potential contribution of quality report cards; reviews the empirical evidence in the health services literature to gain insights about the effectiveness of report cards; and describes important attributes of existing report cards. (AHRQ 03-R036)

**Suboptimal Prescribing in Elderly Outpatients: Potentially Harmful Drug-Drug and Drug-Disease Combinations.** C. Zhan, R. Correa-de-Araujo, A. Bierman, et al., *Journal of the American Geriatrics Society*, 53(2):February 2005, 262-267. Measures incidences of six drug-drug combi-



nations and 50 drug-disease combinations that can place elderly patients at risk for adverse events according to expert consensus panels. (AHRQ 05-R041)

**Trends in Nursing Home Expenses, 1987 and 1996.** J. Rhoades, J. Sommers. *Health Care Financing Review*, 25(1):Fall 2003, 99-114. Presents data about expenses and sources of payment for nursing homes for 1987 and 1996. (AHRQ 04-R023)

## Evidence-Based Medicine

**AHRQ Update: Evidence-Based Health Care 2004: AHRQ Moves Research to Translation and Implementation.** C. Clancy, J. Slutsky, L. Patton, *HSR: Health Services Research*, 39(5):October 2004, xv-xxiii. Discusses AHRQ's current programs that focus on developing, translating, and implementing state-of-the-art evidence into improved practice and policy; provides examples; and discusses Federal programs, such as the Medicare, Medicaid, and State Children's Health Insurance Program and Section 1013. (AHRQ 05-R005)

**Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies.** Agency for Healthcare Research and Quality, *Technical Review 9*, August 2004, 75 pp. The first publication in this multi-volume series examines the challenges of improving the adoption rate for best practice guidelines, and the methodology used to analyze literature relevant to the series topics. (AHRQ 04-0051-1)

**Closing the Quality Gap: Diabetes Care Strategies.** Agency for Healthcare Research and Quality, *Technical Review 9*, September 2004, 200 pp. The second publication in this multi-volume series examines strategies for improving the quality of care for adult type 2 diabetic patients through changes in provider behavior, patient behavior, and modifications to the organization of care. (AHRQ 04-0051-2)

**Closing the Quality Gap: Hypertension Care Strategies.** Agency for Healthcare Research and Quality, *Technical Review 9*, September 2004, 75 pp. The third publication in this multi-volume series provides a systematic assessment of different quality improvement strategies in the process of hypertension identification and management. (AHRQ 04-0051-3)

**Determinants of Increases in Medicare Expenditures for Physicians' Services.** Agency for Healthcare Research and Quality, *Technical Review 7*, October 2003, 101 pp. Describes the processes used to update payment rates for Medicare physicians' services, analyzes national trends in expenditures for physicians' services, and disaggregates the changes in Medicare expenditures for physicians' services into the components specified in Congressional legislation. (AHRQ 04-0008)

**Diagnosis of Attention-Deficit/Hyperactivity Disorder.** Agency for Health Care Policy and Research, *Technical Review 3*, August 1999, 114 pp. Summarizes current scientific evidence from the literature on the prevalence of attention-

deficit/hyperactivity disorder and on the value of various evaluation methods. (AHCPR 99-0050)

**Summary.** August 1999 (AHCPR 99-0049)

**Evidence-Based Decision Making: Global Evidence, Local Decisions.** C. Clancy, K. Cronin. *Health Affairs*, 24(1):2005, 151-162. Explores worldwide application and development of the scientific basis for health care and local use of evidence-based information. (AHRQ 05-R032)

**Hyperbaric Oxygen for Treating Wounds: A Systematic Review of the Literature.** C. Wang, S. Schwaitzberg, E. Berliner, et al., *Archives of Surgery*, 138:March 2003, 272-279. Assesses the use of hyperbaric oxygen (HBO) therapy to treat hypoxic wounds and summarizes information from 57 studies involving more than 2,000 patients. Finds HBO may be helpful for some wounds, but there is insufficient evidence to ascertain the appropriate time to initiate therapy and establish criteria that determine whether patients will benefit. (AHRQ 03-R034)

**Making Policy When the Evidence Is in Dispute.** D. Atkins, J. Siegel, J. Slutsky, *Health Affairs*, 24(1):2005, 102-113. Summarizes common factors underlying recent debates on medical issues and outlines a series of questions that help disentangle questions of evidence from those of values. (AHRQ 05-R033)

**Measures of Patient Safety Based on Hospital Administrative Data—The Patient Safety Indicators.** Agency for Healthcare Research and Quality, *Technical Review 5*, August 2002, 363 pp. Reports literature-based evidence on

potential patient safety issues (PSI); clinician panel review results of potential indicators; empirical analyses on a subset of indicators; and recommendations regarding potential PSIs. (AHRQ 02-0038)

#### **Meta-Regression**

**Approaches: What, Why, When, and How?** Agency for Healthcare Research and Quality, *Technical Review 8*, March 2004, 50 pp. Compares and contrasts via simulation five meta-regression approaches that model the heterogeneity among study treatment effects: fixed effects with and without covariates, random effects with and without covariates, and control rate meta-regression. (AHRQ 04-0033)

**News From AHRQ: Evidence-Based Resources for Nurses: Agency for Healthcare Research and Quality.** B. Collins Sharp, H. Hubbard, C. Jones, *Nursing Outlook*, 52:July/August 2004, 215-217. Discusses evidence-based resources for nursing, including AHRQ funding opportunities. (AHRQ 05-R008)

**Organizational Research with Impact: Working Backwards.** I. Fraser, *Worldviews on Evidence-Based Nursing*, Third Quarter Supplement, 1:2004, S52-S59. Uses findings from research on nursing to illustrate the potential for organizational research and management research to improve health care. Distills recommendations from six focused stakeholder meetings to identify five ways to improve organization, management, and policy research to maximize its use. (AHRQ 05-R013)

**Preventing 3 Million Premature Deaths and Helping 5 Million Smokers Quit: A National Action Plan for Tobacco Cessation.** M. Fiore, R. Croyle, S. Curry, et al., *American Journal of Public Health*, 94(2):February 2004, 205-210. Summarizes a national plan for reducing premature morbidity and mortality by helping millions of Americans stop using tobacco. The plan includes both evidence-based, population-wide strategies designed to promote cessation (e.g., a national quitline network) and a Smokers' Health Fund to finance the programs. (AHRQ 05-R003)

#### **Strategies To Support Quality-Based Purchasing: A Review of the Evidence.**

Agency for Healthcare Research and Quality, *Technical Review 10*, July 2004, 73 pp. Develops a conceptual model of how incentives influence provider behavior, summarizes what is known from randomized controlled trials about the effectiveness of different quality-based purchasing strategies, describes ongoing research, and presents results of simulations to determine whether outcomes reports are too influenced by chance events to be used in making quality-based purchasing decisions. (AHRQ 04-0057)

**Summary.** July 2004 (AHRQ 04-P024)

**A Systematic Review of Pneumatic Compression for Treatment of Chronic Venous Insufficiency and Venous Ulcers.** E. Berliner, B. Ozbilgin, D. Zarin, *Journal of Vascular Surgery*, 37(3): March 2003, 539-544. Evaluates evidence related to the use of intermittent pneumatic compression devices for

treating venous insufficiency and leg ulcers in the home. Responds to the Centers for Medicare and Medicaid Services' request for a systematic review of the literature as part of a reconsideration of coverage policy. (AHRQ 03-R032)

#### **Systems for Grading the Quality of Evidence and the Strength of Recommendations I: Critical Appraisal of Existing Approaches.** D.

Atkins, M. Eccles, S. Flottorp, et al., *BMC Health Services Research*, 4:38, 2004. Critically appraises six prominent systems for grading levels of evidence and the strength of recommendations as a basis for agreeing on the characteristics of a common, sensible approach to grading levels of evidence and the strength of recommendations. (AHRQ 05-R045)

#### **Translation Research: Where Do We Go from Here?** I.

Fraser, *Worldviews on Evidence-Based Nursing*, Third Quarter Supplement 1:2004, S78-S83. Identifies steps to advance translation research, and in particular to achieve broader translation and use of evidence. (AHRQ 05-R014)

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#### **Evidence Reports/Technology Assessments**

##### **Bioterrorism**

##### **Bioterrorism Preparedness, Information Technology.**

*Evidence Report/Technology Assessment No. 59.*

**Summary.** June 2002 (AHRQ 02-E027)

**Evidence Report.** June 2002 (AHRQ 02-E028)

**Bioterrorism Preparedness, Regionalization.** *Evidence Report/Technology Assessment*

No. 96.

**Summary.** April 2004 (AHRQ 04-E016-1)

**Evidence Report.** April 2004 (AHRQ 04-E016-2)

**Bioterrorism Preparedness, Training of Clinicians.**

*Evidence Report/Technology Assessment No. 51.*

**Summary.** December 2001 (AHRQ 02-E007)

**Evidence Report.** January 2002 (AHRQ 02-E011)

**Mass Casualty Incident, Training Hospital Staff to Respond.**

*Evidence Report/Technology Assessment No. 95.*

**Summary.** March 2004 (AHRQ 04-E015-1)

**Evidence Report.** June 2004 (AHRQ 04-E015-2)

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**Cancer and Blood Disorders**

**Adrenal Mass, Management of Clinically Inapparent.**

*Evidence Report/Technology Assessment No. 56.*

**Summary.** February 2002 (AHRQ 02-E013)

**Evidence Report.** May 2002 (AHRQ 02-E014)

**Anemia in Oncology, Use of Epoetin.**

*Evidence Report/Technology Assessment No. 30.*

**Summary.** March 2001 (AHRQ 01-E008)

**Evidence Report.** June 2001 (AHRQ 01-E009)

**Breast Abnormalities, Diagnosis and Management.**

*Evidence Report/Technology Assessment No. 33.*

**Summary.** April 2001 (AHRQ 01-E045)

**Evidence Report.** September 2001 (AHRQ 01-E046)

**Breast Cancer Care in Women, Measuring Quality.**

*Evidence Report/Technology Assessment No. 105.*

**Summary.** September 2004 (AHRQ 04-E030-1)

**Evidence Report.** October 2004 (AHRQ 04-E030-2)

**Cancer Clinical Trials, Recruitment of Underrepresented Populations.**

*Evidence Report/Technology Assessment No. 122.*

**Summary.** June 2005 (AHRQ 05-E019-1)

**Evidence Report.** June 2005 (AHRQ 05-E019-2)

**Cancer Control Interventions, Diffusion and Dissemination.**

*Evidence Report/Technology Assessment No. 79.*

**Summary.** May 2003 (AHRQ 03-E032)

**Evidence Report.** May 2003 (AHRQ 03-E033)

**Cancer Pain, Management.**

*Evidence Report/Technology Assessment No. 35.*

**Summary.** January 2001 (AHRQ 01-E033)

**Evidence Report.** Vols. 1 & 2, October 2001 (AHRQ 02-E002)

**Cancer Symptoms, Management.**

*Evidence Report/Technology Assessment No. 61.*

**Summary.** July 2002 (AHRQ 02-E031)

**Evidence Report.** July 2002 (AHRQ 02-E032)

**Dietary Behavior Related to Cancer Risk.**

*Evidence Report/Technology Assessment No. 25.*

**Summary.** November 2000 (AHRQ 01-E028)

**Evidence Report.** Vols. 1 & 2, June 2001 (AHRQ 01-E029)

**Immuno-Augmentation Therapy and Naltrexone for Cancer, Treatment.**

*Evidence Report/Technology Assessment No. 78.*

**Summary.** April 2003 (AHRQ

03-E029)

**Evidence Report.** April 2003 (AHRQ 03-E030)

**Impact of Cancer-Related Decision Aids.**

*Evidence Report/Technology Assessment No. 46.*

**Summary.** July 2002 (AHRQ 02-E003)

**Evidence Report.** July 2002 (AHRQ 02-E004)

**Physical Activity, General Population and Cancer Patients and Survivors.**

*Evidence Report/Technology Assessment No. 102.*

**Summary.** June 2004 (AHRQ 04-E027-1)

**Evidence Report.** June 2004 (AHRQ 04-E027-2)

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**Complementary and Alternative Care**

**Ayurvedic Treatments for Diabetes Mellitus.**

*Evidence Report/Technology Assessment No. 41.*

**Summary.** June 2001 (AHRQ 01-E039)

**Evidence Report.** September 2001 (AHRQ 01-E040)

**Mind-Body Interventions, Gastrointestinal Conditions.**

*Evidence Report/Technology Assessment No. 40.*

**Summary.** March 2001 (AHRQ 01-E027)

**Evidence Report.** July 2001 (AHRQ 01-E030)

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**Dietary Supplements**

**Antioxidant Supplements, Prevention and Treatment of Cancer.**

*Evidence Report/Technology Assessment No. 75.*

**Summary.** October 2003 (AHRQ 04-E002)

**Evidence Report.** October 2003 (AHRQ 04-E003)



**Antioxidant Supplements, Prevention and Treatment of Cardiovascular Disease.**

*Evidence Report/Technology Assessment No. 83.*

**Summary.** June 2003 (AHRQ 03-E042)

**Evidence Report.** July 2003 (AHRQ 03-E043)

**Ephedra and Ephedrine for Weight Loss and Athletic Performance Enhancement.**

*Evidence Report/Technology Assessment No. 76.*

**Summary.** March 2003 (AHRQ 03-E021)

**Evidence Report.** Vols. 1 & 2, March 2003 (AHRQ 03-E022)

**Garlic, Cardiovascular Disease.**

*Evidence Report/Technology Assessment No. 20.*

**Summary.** October 2000 (AHRQ 01-E022)

**Evidence Report.** October 2000 (AHRQ 01-E023)

**Melatonin for Treatment of Sleep Disorders.**

*Evidence Report/Technology Assessment No. 186.*

**Summary.** November 2004 (AHRQ 05-E002-1)

**Evidence Report.** November 2004 (AHRQ 05-E002-2)

**Milk Thistle Effects.**

*Evidence Report/Technology Assessment No. 21.*

**Summary.** September 2000 (AHRQ 01-E024)

**Evidence Report.** October 2000 (AHRQ 01-E025)

**Omega-3 Fatty Acids Effects in Type II Diabetes, Rheumatoid Arthritis, and Other Diseases.**

*Evidence Report/Technology Assessment No. 89.*

**Summary.** March 2004 (AHRQ 04-E012-1)

**Evidence Report.** March 2004 (AHRQ 04-E012-2)

**Omega-3 Fatty Acids Effects on Arrhythmogenic Mechanisms in Culture Studies.**

*Evidence Report/Technology Assessment No. 92.*

**Summary.** March 2004 (AHRQ 04-E011-1)

**Evidence Report.** March 2004 (AHRQ 04-E011-2)

**Omega-3 Fatty Acids Effects on Asthma.**

*Evidence Report/Technology Assessment No. 91.*

**Summary.** March 2004 (AHRQ 04-E013-1)

**Evidence Report.** March 2004 (AHRQ 04-E013-2)

**Omega-3 Fatty Acids Effects on Cancer.**

*Evidence Report/Technology Assessment No. 113.*

**Summary.** February 2005 (AHRQ 05-E010-1)

**Evidence Report.** February 2005 (AHRQ 05-E010-2)

**Omega-3 Fatty Acids Effects on Cardiovascular Disease.**

*Evidence Report/Technology Assessment No. 94.*

**Summary.** March 2004 (AHRQ 04-E009-1)

**Evidence Report.** March 2004 (AHRQ 04-E009-2)

**Omega-3 Fatty Acids Effects on Cardiovascular Risk Factors.**

*Evidence Report/Technology Assessment No. 93.*

**Summary.** March 2004 (AHRQ 04-E010-1)

**Evidence Report.** March 2004 (AHRQ 04-E010-2)

**Omega-3 Fatty Acids Effects on Cognitive Functions.**

*Evidence Report/Technology Assessment No. 114.*

**Summary.** February 2005 (AHRQ 05-E011-1)

**Evidence Report.** February 2005 (AHRQ 05-E011-2)

**Omega-3 Fatty Acids Effects on Eye Health.**

*Evidence Report/Technology Assessment No. 117.*

**Summary.** July 2005 (AHRQ 05-E008-1)

**Evidence Report.** February 2005 (AHRQ 05-E008-2)

**Omega-3 Fatty Acids Effects on Mental Health.**

*Evidence Report/Technology Assessment No. 116.*

**Summary.** July 2005 (AHRQ 05-E022-1)

**Evidence Report.** July 2005 (AHRQ 05-E022-2)

**Omega-3 Fatty Acids Effects on Organ Transplantation.**

*Evidence Report/Technology Assessment No. 115.*

**Summary.** February 2005 (AHRQ 05-E012-1)

**Evidence Report.** February 2005 (AHRQ 05-E012-2)

**S-Adenosyl-L-Methionine (SAME) for Depression, Osteoarthritis, and Liver Disease.**

*Evidence Report/Technology Assessment No. 64.*

**Summary.** August 2002 (AHRQ 02-E033)

**Evidence Report.** October 2002 (AHRQ 02-E034)

**Soy Effects on Health Outcomes.**

*Evidence Report/Technology Assessment No. 126.*

**Summary.** July 2005 (AHRQ 05-E024-1)

**Evidence Report.** July 2005 (AHRQ 05-E024-2)

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**Ear, Nose, and Throat Conditions**

**Acute Bacterial Rhinosinusitis, Diagnosis and Treatment.** *Evidence Report/Technology Assessment No. 9.*

**Summary.** March 1999 (AHCPR 99-E015)  
**Evidence Report.** March 1999 (AHCPR 99-E016)

**Acute Bacterial Rhinosinusitis, Update.** *Evidence Report/Technology Assessment No. 124.*

**Summary.** June 2005 (AHRQ 05-E020-1)

**Evidence Report.** June 2005 (AHRQ 05-E020-2)

**Allergic and Nonallergic Rhinitis, Management.** *Evidence Report/Technology Assessment No. 54.*

**Summary.** May 2002 (AHRQ 02-E023)

**Evidence Report.** May 2002 (AHRQ 02-E024)

**Allergic Rhinitis in the Working-Age Population, Management.** *Evidence Report/Technology Assessment No. 67.*

**Summary.** January 2003 (AHRQ 03-E006)

**Evidence Report.** March 2003 (AHRQ 03-E015)

**Speech/Language Disorders, Criteria for Determining Disability.** *Evidence Report/Technology Assessment No. 52.*

**Summary.** January 2002 (AHRQ 02-E009)

**Evidence Report.** March 2002 (AHRQ 02-E010)

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## **Eye Conditions**

**Cataract and Glaucoma, Surgical Treatment.** *Evidence Report/Technology Assessment No. 38.*

**Summary.** June 2001 (AHRQ 01-E049)

**Evidence Report.** June 2003 (AHRQ 03-E041)

**Cataract Surgery, Anesthesia Management.** *Evidence Report/Technology Assessment No. 16.*

**Summary.** July 2000 (AHRQ 00-E014)

**Evidence Report.** Vols. 1 & 2, December 2001 (AHRQ 01-E017)

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## **Financing and Economic Incentives**

**Economic Incentives for Preventive Care.** *Evidence Report/Technology Assessment No. 101.*

**Summary.** August 2004 (AHRQ 04-E024-1)

**Evidence Report.** August 2004 (AHRQ 04-E024-2)

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## **Heart and Vascular Diseases**

**Acute Cardiac Ischemia, Emergency Department Technologies.** *Evidence Report/Technology Assessment No. 26.*

**Summary.** September 2000 (AHRQ 00-E031)

**Evidence Report.** May 2001 (AHRQ 01-E006)

**Atrial Fibrillation, Management of New Onset.** *Evidence Report/Technology Assessment No. 12.*

**Summary.** May 2000 (AHRQ 010-E006)

**Evidence Report.** January 2001 (AHRQ 01-E026)

**Blood Pressure Monitoring.** *Evidence Report/Technology Assessment No. 63.*

**Summary.** November 2002 (AHRQ 03-E003)

**Evidence Report.** November 2002 (AHRQ 03-E004)

**Cardiac Resynchronization Therapy for Congestive Heart Failure.** *Evidence Report/Technology Assessment No. 106.*

**Summary.** November 2004 (AHRQ 05-E001-1)

**Evidence Report.** November 2004 (AHRQ 05-E001-2)

**Cardiovascular Effects of Epinephrine.** *Evidence Report/Technology Assessment No. 48.*

**Summary.** March 2002 (AHRQ 02-E005)

**Evidence Report.** July 2002 (AHRQ 02-E006)

**Coronary Heart Disease in Women, Selected Topics.** *Evidence Report/Technology Assessment No. 81.*

**Summary.** May 2003 (AHRQ 03-E036)

**Evidence Report.** May 2003 (AHRQ 03-E037)

**Coronary Heart Disease in Women, Systematic Review.** *Evidence Report/Technology Assessment No. 80.*

**Summary.** May 2003 (AHRQ 03-E034)

**Evidence Report.** May 2003 (AHRQ 03-E035)

**Deep Venous Thrombosis and Pulmonary Embolism, Diagnosis and Treatment.** *Evidence Report/Technology Assessment No. 68.*

**Summary.** March 2003 (AHRQ 03-E016)

**Evidence Report.** January 2003 (AHRQ 03-E012)

**Heart Failure and Left Ventricular Systolic Dysfunction, Pharmacologic Management.** *Evidence Report/Technology Assessment No. 82.*

**Summary.** July 2003 (AHRQ 03-E044)

**Evidence Report.** July 2003 (AHRQ 03-E045)

**Post-Myocardial Infarction Depression.** *Evidence Report/Technology Assessment No. 123.*

**Summary.** May 2005 (AHRQ 05-E018-1)

**Evidence Report.** May 2005 (AHRQ 05-E018-2)



**Stable Angina, Conventional and Alternative Therapies.** *Evidence Report/Technology Assessment No. 10.*

**Summary.** November 1999 (AHCPR 00-E002)

**Evidence Report.** November 1999 (AHRQ 00-E003)

**Unstable Angina, Prediction of Risk for Patients.** *Evidence Report/Technology Assessment No. 31.*

**Summary.** August 2000 (AHRQ 00-E030)

**Evidence Report.** December 2000 (AHRQ 01-E001)

**Venous Thromboembolism, Prevention After Injury.** *Evidence Report/Technology Assessment No. 22.*

**Summary.** August 2000 (AHRQ 00-E026)

**Evidence Report.** November 2000 (AHRQ 01-E004)

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### **Information Technology**

**Telemedicine for the Medicare Population.**

*Evidence Report/Technology Assessment No. 24.*

**Summary.** February 2001 (AHRQ 01-E011)

**Evidence Report.** July 2001 (AHRQ 01-E012)

**Telemedicine, Supplement: Indirect Home Interventions.**

*Evidence Report/Technology Assessment No. 24, Supplement.*

**Summary.** August 2001 (AHRQ 01-E059)

**Supplement.** August 2001 (AHRQ 01-E060)

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### **Kidney Conditions**

**Chronic Renal Failure, Determinants of Disability.** *Evidence Report/Technology Assessment No. 13.*

**Summary.** May 2000 (AHRQ 00-E012)

**Evidence Report.** May 2000 (AHRQ 00-E013)

**Chronic Renal Failure, Use of Epoetin for Anemia.** *Evidence Report/Technology Assessment No. 29.*

**Summary.** August 2001 (AHRQ 00-E015)

**Evidence Report.** August 2001 (AHRQ 01-E016)

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### **Lung Conditions**

**Chronic Obstructive Pulmonary Disease, Acute Exacerbations.** *Evidence Report/Technology Assessment No. 19.*

**Summary.** September 2000 (AHRQ 00-E020)

**Evidence Report.** March 2001 (AHRQ 01-E003)

**Mechanical Ventilation, Criteria for Weaning.** *Evidence Report/Technology Assessment No. 23.*

**Summary.** June 2000 (AHRQ 00-E028)

**Evidence Report.** November 2000 (AHRQ 01-E029)

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### **Mental Health Conditions**

**Alcohol Dependence, Pharmacotherapy.** *Evidence Report/Technology Assessment No. 3.*

**Summary.** January 1999 (AHCPR 99-E003)

**Evidence Report.** January 1999 (AHCPR 99-E004)

**Attention-Deficit/Hyperactivity Disorder, Treatment.** *Evidence Report/Technology Assessment No. 11.*

**Summary.** November 1999 (AHCPR 99-E017)

**Evidence Report.** November 1999 (AHRQ 00-E005)

### **Metabolic, Nutritional, and Endocrine Conditions**

**Diabetes Mellitus, Islet Transplantation in Patients.** *Evidence Report/Technology Assessment No. 98.*

**Summary.** July 2004 (AHRQ 04-E017-1)

**Evidence Report.** August 2004 (AHRQ 04-E017-2)

**Diabetes Mellitus, Use of Glycated Hemoglobin and Microalbuminuria.** *Evidence Report/Technology Assessment No. 84.*

**Summary.** July 2003 (AHRQ 03-E048)

**Evidence Report.** October 2003 (AHRQ 04-E001)

**Obesity, Pharmacological and Surgical Treatment.** *Evidence Report/Technology Assessment No. 103.*

**Summary.** July 2004 (AHRQ 04-E028-1)

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### **Methodology**

**Community-Based Participatory Research.**

*Evidence Report/Technology Assessment No. 99.*

**Summary.** August 2004 (AHRQ 04-E022-1)

**Evidence Report.** July 2004 (AHRQ 04-E022-2)

**Rating Systems for Strength of Scientific Evidence.**

*Evidence Report/Technology Assessment No. 47.*

**Summary.** April 2002 (AHRQ 02-E015)

**Evidence Report.** March 2002 (AHRQ 02-E016)

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### **Musculoskeletal Disorders**

**Chronic Fatigue Syndrome, Defining and Managing.**

*Evidence Report/Technology Assessment No. 42.*

**Summary.** May 2004 (AHRQ 04-E019-1)

**Evidence Report.** May 2004 (AHRQ 04-E019-2)

**Disability and Chronic Fatigue Syndrome, Systematic Literature Review.**

*Evidence Report/Technology Assessment No. 66.*

**Summary.** December 2002 (AHRQ 03-E006)

**Evidence Report.** December 2002 (AHRQ 03-E007)

**Osteoporosis in Postmenopausal Women, Diagnosis and Monitoring.**

*Evidence Report/Technology Assessment No. 28.*

**Summary.** February 2001 (AHRQ 01-E031)

**Evidence Report.** February 2002 (AHRQ 01-E032)

**Total Knee Replacement.**

*Evidence Report/Technology Assessment No. 86.*

**Summary.** December 2003 (AHRQ 04-E006-1)

**Supplement.** December 2003 (AHRQ 04-E006-1)

**Worker-Related Musculoskeletal Disorders, Diagnosis and Treatment.**

*Evidence Report/Technology Assessment No. 62.*

**Summary.** October 2002 (AHRQ 02-E037)

**Evidence Report.** Vols. 1 & 2, May 2003 (AHRQ 03-E038)

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**Nerve and Brain Conditions**

**Degenerative Lumbar Spinal Stenosis, Treatment.**

*Evidence Report/Technology Assessment No. 32.*

**Summary.** March 2001 (AHRQ 01-E047)

**Evidence Report.** Vols. 1 & 2, June 2001 (AHRQ 01-E048)

**Dementia, Pharmacological Treatment.**

*Evidence Report/Technology Assessment No. 97.*

**Summary.** April 2004 (AHRQ 04-E018-1)

**Evidence Report.** April 2004 (AHRQ 04-E018-2)

**Epilepsy, Management of Newly Diagnosed Patients.**

*Evidence Report/Technology Assessment No. 39.*

**Summary.** February 2001 (AHRQ 01-E037)

**Evidence Report.** September 2001 (AHRQ 01-E038)

**Hyperbaric Oxygen Therapy.**

*Evidence Report/Technology Assessment No. 85.*

**Summary.** September 2003 (AHRQ 03-E049)

**Evidence Report.** September 2003 (AHRQ 03-E050)

**Insomnia, Manifestations and Management.**

*Evidence Report/Technology Assessment No. 125.*

**Summary.** June 2005 (AHRQ 05-E021-1)

**Evidence Report.** June 2005 (AHRQ 05-E021-2)

**Multiple Sclerosis, Criteria to Determine Disability.**

*Evidence Report/Technology Assessment No. 100.*

**Summary.** December 2002 (AHRQ 03-E006)

**Evidence Report.** December 2002 (AHRQ 03-E007)

**Parkinson's Disease, Diagnosis and Treatment.**

*Evidence Report/Technology Assessment No. 57.*

**Summary.** May 2003 (AHRQ 03-E039)

**Evidence Report.** May 2003 (AHRQ 03-E040)

**Pulmonary Disease Following Cervical Spinal Cord Injury, Treatment.**

*Evidence Report/Technology Assessment No. 27.*

**Summary.** June 2001 (AHRQ 01-E013)

**Evidence Report.** September 2001 (AHRQ 01-E014)

**Spinal Cord Injury, Management of Neurogenic/Neuropathic Pain.**

*Evidence Report/Technology Assessment No. 45.*

**Summary.** September 2001 (AHRQ 01-E062)

**Evidence Report.** September 2001 (AHRQ 01-E063)

**Spinal Cord Injury, Sexuality and Reproductive Health.**

*Evidence Report/Technology Assessment No. 109.*

**Summary.** December 2004 (AHRQ 05-E003-1)

**Evidence Report.** November 2004 (AHRQ 05-E003-2)

**Stroke, Management**

**Effectiveness.**

*Evidence Report/Technology Assessment No. 49.*

**Summary.** July 2002 (AHRQ 02-E021)

**Evidence Report.** July 2002 (AHRQ 02-E022)

**Treatment-Resistant Epilepsy, Management.**

*Evidence Report/Technology Assessment No. 77.*

**Summary.** April 2003 (AHRQ 03-E027)

**Evidence Report.** Vols. 1 & 2, May 2003 (AHRQ 03-E028)

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**Obstetric and Gynecologic Conditions**

**Episiotomy Use in Obstetrical Care.**

*Evidence Report/Technology Assessment No. 112.*

**Summary.** May 2005 (AHRQ 05-E009-1)

**Evidence Report.** May 2005 (AHRQ 05-E009-2)

**Hypertension During Pregnancy, Management.**

*Evidence Report/Technology Assessment No. 14.*

**Summary.** August 2000 (AHRQ 00-E010)

**Evidence Report.** August 2000 (AHRQ 00-E011)

**Menopause-Related Symptoms, Management.** *Evidence Report/Technology Assessment No. 120.*

**Summary.** March 2005 (AHRQ 05-E016-1)

**Evidence Report.** March 2005 (AHRQ 05-E016-2)

**Perinatal Depression: Prevalence and Screening.**

*Evidence Report/Technology Assessment No. 119.*

**Summary.** February 2005 (AHRQ 05-E006-1)

**Evidence Report.** February 2005 (AHRQ 05-E006-2)

**Preterm Labor, Management.** *Evidence Report/Technology Assessment No. 18.*

**Summary.** October 2000 (AHRQ 01-E020)

**Evidence Report.** Vols. 1 & 2, December 2000 (AHRQ 01-E021)

**Prolonged Pregnancy, Management.** *Evidence Report/Technology Assessment No. 53.*

**Summary.** March 2002 (AHRQ 02-E012)

**Evidence Report.** May 2002 (AHRQ 02-E018)

**Uterine Fibroids, Management.** *Evidence Report/Technology Assessment No. 34.*

**Summary.** January 2001 (AHRQ 01-E051)

**Evidence Report.** Vols. 1 & 2, July 2001 (AHRQ 01-E052)

**Vaginal Birth After Cesarean (VBAC).** *Evidence Report/Technology Assessment No. 71.*

**Summary.** March 2003 (AHRQ 03-E017)

**Evidence Report.** Vols. 1 & 2, March 2003 (AHRQ 03-E018)

## **Oral and Gastrointestinal Disorders**

**Celiac Disease.** *Evidence Report/Technology Assessment No. 104.*

**Summary.** June 2004 (AHRQ 04-E029-1)

**Evidence Report.** July 2004 (AHRQ 04-E029-2)

**Dental Caries, Diagnosis and Management.** *Evidence Report/Technology Assessment No. 36.*

**Summary.** February 2001 (AHRQ 01-E055)

**Evidence Report.** June 2001 (AHRQ 01-E056)

**Dental Patients Who Are HIV-Positive.** *Evidence Report/Technology Assessment No. 37.*

**Summary.** February 2001 (AHRQ 01-E041)

**Evidence Report.** April 2002 (AHRQ 01-E042)

**Endoscopic Retrograde Cholangiopancreatography (ERCP).** *Evidence Report/Technology Assessment No. 50.*

**Summary.** January 2002 (AHRQ 02-E008)

**Evidence Report.** June 2002 (AHRQ 02-E017)

**Hepatitis C, Management.** *Evidence Report/Technology Assessment No. 60.*

**Summary.** June 2002 (AHRQ 02-E029)

**Evidence Report.** July 2002 (AHRQ 02-E030)

**Evidence Report.** July 2004 (AHRQ 04-E028-2)

**Periodontitis, Scaling and Root Planing Therapy.** *Evidence Report/Technology Assessment No. 88.*

**Summary.** January 2004 (AHRQ 04-E014-1)

**Evidence Report.** Vols. 1 & 2, March 2004 (AHRQ 04-E014-2)

## **Pathology**

### **Autopsy.**

*Evidence Report/Technology Assessment No. 58.*

**Summary.** October 2002 (AHRQ 03-E001)

**Evidence Report.** October 2002 (AHRQ 03-E002)

## **Pediatric Conditions**

**Acute Otitis Media, Management.** *Evidence Report/Technology Assessment No. 15.*

**Summary.** June 2000 (AHRQ 00-E008)

**Evidence Report.** May 2001 (AHRQ 01-E010)

**Acute Sinusitis in Children, Supplement.** *Evidence Report/Technology Assessment No. 9, Supplement.*

**Summary.** October 2000 (AHRQ 01-E007)

**Supplement.** October 2000 (AHRQ 01-E005)

**Bronchiolitis in Infants and Children, Management.** *Evidence Report/Technology Assessment No. 69.*

**Summary.** January 2003 (AHRQ 03-E009)

**Evidence Report.** January 2003 (AHRQ 03-E014)

**Chronic Asthma, Management.** *Evidence Report/Technology Assessment No. 44.*

**Summary.** September 2001 (AHRQ 01-E043)

**Evidence Report.** September 2001 (AHRQ 01-E044)

**Failure to Thrive, Determining Disability in Infants and Children.** *Evidence Report/Technology Assessment No. 72.*

**Summary.** March 2003 (AHRQ 03-E019)

**Evidence Report.** March 2003 (AHRQ 03-E020)



**Low Birth Weight, Determining Disability in Infants and Children.** *Evidence Report/Technology Assessment No. 70.*

**Summary.** December 2002 (AHRQ 03-E008)

**Evidence Report.** Vols. 1 & 2, December 2002 (AHRQ 03-E010)

**Neonatal Hyperbilirubinemia, Management.**

*Evidence Report/Technology Assessment No. 65.*

**Summary.** November 2002 (AHRQ 03-E005)

**Evidence Report.** January 2003 (AHRQ 03-E011)

**Otitis Media with Effusion, Diagnosis.** *Evidence*

*Report/Technology Assessment No. 55.*

**Summary.** June 2002 (AHRQ 02-E025)

**Evidence Report.** Vols. 1 & 2, May 2003 (AHRQ 03-E023)

**Short Stature, Determining Disability in Infants and Children.** *Evidence*

*Report/Technology Assessment No. 73.*

**Summary.** March 2003 (AHRQ 03-E020)

**Evidence Report.** March 2003 (AHRQ 03-E025)

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### **Quality Improvement and Patient Safety**

**End-of-Life Care and Outcomes.** *Evidence*

*Report/Technology Assessment No. 110.*

**Summary.** December 2004 (AHRQ 05-E004-1)

**Evidence Report.** December 2004 (AHRQ 05-E004-2)

**Literacy and Health**

**Outcomes.** *Evidence Report/Technology Assessment No. 87.*

**Summary.** January 2004 (AHRQ 04-E007-1)

**Evidence Report.** January 2004 (AHRQ 04-E007-2)

**Minority Healthcare Quality, Improvement Strategies.**

*Evidence Report/Technology Assessment No. 90.*

**Summary.** January 2004 (AHRQ 04-E008-1)

**Evidence Report.** June 2003 (AHRQ 04-E008-2)

**Patient Safety, Effects of Working Conditions.**

*Evidence Report/Technology Assessment No. 74.*

**Summary.** March 2003 (AHRQ 03-E024)

**Evidence Report.** May 2003 (AHRQ 03-E031)

**Patient Safety Practices, Making Health Care Safer.**

*Evidence Report/Technology Assessment No. 43.*

**Summary.** July 2001 (AHRQ 01-E057)

**Evidence Report.** July 2001 (AHRQ 01-E058)

**Violence Prevention in Adolescents.** *Evidence*

*Report/Technology Assessment No. 107.*

**Summary.** September 2004 (AHRQ 04-E032-1)

**Evidence Report.** October 2004 (AHRQ 04-E032-2)

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### **Skin Conditions**

**Acne, Management.** *Evidence Report/Technology Assessment No. 17.*

**Summary.** March 2001 (AHRQ 01-E018)

**Evidence Report.** Vols. 1 & 2, September 2001 (AHRQ 01-E019)

**Wound Healing, Laser Treatment and Vacuum-Assisted Closure.** *Evidence*

*Report/Technology Assessment No. 111.*

**Summary.** December 2004 (AHRQ 05-E005-1)

**Evidence Report.** December 2004 (AHRQ 05-E005-2)

## **Health Care Cost and Utilization**

**Databases and Related Resources From the Healthcare Cost and Utilization Project (HCUP).** *Agency for Healthcare Research and Quality Fact Sheet*, May 2005, 3 pp. Briefly describes HCUP's databases (e.g., Nationwide Inpatient Sample, State Inpatient Databases, State Ambulatory Surgery Databases, Kids' Inpatient Databases) and software tools (e.g., AHRQ Quality Indicators, Clinical Classifications Software, Comorbidity Software); data availability and ordering information are included. Web-based HCUPnet and recently published research notes and journal articles are also summarized. (AHRQ 05-P014)

**Does Capitation Matter? Impacts on Access, Use, and Quality.** S. Zuvekas, S. Hill, *Inquiry*, 41:Fall 2004, 316-335. Examines impacts of capitating the usual source of care of enrollees in health maintenance organizations. Accounts for the endogeneity of capitation and other characteristics using generalized methods of moments estimation on a sample from the Medical Expenditure Panel Survey for 1996 and 1997. (AHRQ 05-R046)

**Economic and Health Costs of Diabetes.** *HCUP Highlights Issue 1*, January 2005, 4 pp. Summarizes findings from AHRQ's Healthcare Cost and Utilization Project (HCUP) using hospital care data to examine how diabetes-related complications affect health status, hospitalizations, and economic costs. (AHRQ 05-0034)



**HCUPnet.** This interactive online service from the Healthcare Cost and Utilization Project (HCUP) gives users easy access to national statistics as well as to selected State statistics about hospital stays. HCUPnet guides users step-by-step to obtain these statistics by using data from HCUP's Nationwide Inpatient Sample, Kids' Inpatient Database, and State Inpatient Databases for States that

participate. Web-based HCUPnet is a user-friendly source for information on various aspects of care in U.S. hospitals, such as: the "National Bill" for total hospital charges for the most expensive conditions; "Instant Tables" that give statistics on the most common conditions and procedures; and trends (beginning 1993) in length of hospital stays, in-hospital deaths, charges, and other outcomes for all conditions and procedures. HCUPnet is free and publicly available at: [www.ahrq.gov/data/hcup/hcupnet.htm](http://www.ahrq.gov/data/hcup/hcupnet.htm).

**Excess Length of Stay, Charges, and Mortality Attributable to Medical Injuries During Hospitalization.** C. Zhan, M. Miller, *Journal of the American Medical Association*, 290(14):October 8, 2003, 1868-1874. Assesses excess length of stay, charges, and deaths attributable to medical injuries during hospitalization. (AHRQ 04-R001)

**Health Care Expenses for Injuries: Estimates from the 1997 MEPS.** N. Krauss, S. Machlin, G. Adams, *MEPS Research Findings No. 19*, December 2003, 19 pp. Uses data from the 1997 MEPS Household Component to examine the health care costs of injury-related conditions. Gives estimates of injury-related expenses for inpatient hospital services and ambulatory medical care services by age, sex, race, health insurance, and poverty level. (AHRQ 04-0005)

**Health Care Expenses in the Community Population, 1999.** G. Olin, S. Machlin, *MEPS*

*Chartbook No. 11*, August 2003, 35 pp. Presents data from the Medical Expenditure Panel Survey (MEPS) on health care spending for the community population in 1999. Charts show overall expenses, per capita expenses, expenses by type of service, and source of payment. (AHRQ 03-0038)

**Health Care Expenses in the United States, 2000.** T. Rice, D. Kashihara, S. Machlin, *MEPS Research Findings No. 21*, April 2004, 55 pp. Presents descriptive data on health care spending in the United States. Estimates are based on data from the 2000 Medical Expenditure Panel Survey and cover the civilian noninstitutionalized U.S. population. Estimates of total health care expenses and expenses for hospital inpatient services, ambulatory services, prescription medicines, dental services, home health services, and other medical equipment and supplies are provided. (AHRQ 04-0022)

**Hospitalization in the United States, 1997.** A. Elixhauser, K. Yu, C. Steiner, et al. *HCUP Fact Book No. 1*, May 2000, 40 pp. Provides information on various aspects of hospital care—diagnoses, charges, length of stay, insurance coverage, discharge status, and inpatient mortality. Data are from the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample, which approximates a 20-percent sample of U.S. community hospitals for 1997. (AHRQ 00-0031)

**Hospitalization in the United States, 2002.** C. Merrill, A. Elixhauser, *HCUP Fact Book No. 6*, June 2005, 52 pp. Summarizes information from the Nationwide Inpatient Sample, an all-payer hospital database maintained by AHRQ. Updates an earlier fact book that described hospital care in 1997, and allows for easy comparisons between 1997 and 2002 hospital care information. (AHRQ 05-0056)

**Measuring Ambulatory Health Care Use in the United States: A Comparison of 1996 Estimates Across Four Federal Surveys.** S. Machlin, J. Valluzzi, M. Chevarley, et al., *Journal of Economic and Social Measurement*, 27:2001, 57-69. Describes methodological considerations when using the following four data sources for measuring ambulatory use: Medical Expenditure Panel Survey, National Health Interview Survey, National Ambulatory Medical Care Survey, and National Hospital Ambulatory Medical Care Survey. Complements a previous article comparing estimates of hospital inpatient utilization across several Federal data sources. (AHRQ 03-R020)



**MEPS Brochure.** Agency for Healthcare Research and Quality, October 2002, two-fold brochure. Provides information about the Medical Expenditure Panel Survey, a survey of the U.S. civilian population living in the community. Discusses data availability and collection. (AHRQ 03-0002)

**Multiple Hospitalizations for Patients with Diabetes.** H. Jiang, D. Stryer, B. Friedman, et al., *Diabetes Care*, 26(5):May 2003, 1421-1426. Uses the 1999 Healthcare Cost and Utilization Project complete discharge data for five States, assesses the extent to which hospitalizations for patients with diabetes reflect multiple stays by the same individuals, and examines how multiple hospitalizations vary by patient demographic and socioeconomic characteristics. (AHRQ 03-R037)

**Outpatient Prescription Drug Expenses, 1999.** M. Stagnitti, G. Miller, J. Moeller, *MEPS Chartbook No. 12*, October 2003. Presents data from the 1999 Medical Expenditure Panel Survey on spending for outpatient prescription medicines for the U.S. civilian noninstitutionalized population. Presents a summary of overall outpatient prescription medicine expenses and payments, expenses and payments for various population groups, and expenses by therapeutic class of medicine. (AHRQ 04-0001)

**Persistence in Health Expenditures in the Short Run: Prevalence and Consequences.** A. Monheit, *Medical Care*, Supplement, 41(7):2003, III-53-III-64. Examines expenditure persistence over a 2-year period using data on total health expenditures incurred by a nationally representative

sample of the civilian, noninstitutionalized U.S. population. Also examines whether high and persistent expenditures have short-run implications for individual health insurance and economic status. (AHRQ 03-R058)

**Procedures in U.S. Hospitals, 1997.** A. Elixhauser, K. Klemstine, C. Steiner, et al., *HCUP Fact Book No. 2*, February 2001, 36 pp. Provides information on diagnostic and therapeutic procedures performed during a patient's hospital stay—which procedures are most common, who receives them, who is billed for them, and which are performed in “high-volume” hospitals. (AHRQ 01-0016)

**The Rate and Cost of Hospital Readmissions for Preventable Conditions.** B. Friedman, J. Basu, *Medical Care Research and Review*, 61(2):June 2004, 225-240. Examines the rate and cost of preventable readmissions within 6 months after a first preventable admission, by age group and by payer and race within age group. (AHRQ 04-R056)

**Restricted-Activity Days in the United States, 1997 and 2001.** J. Rhoades, *MEPS Research Findings No. 22*, July 2004, 28 pp. Provides estimates of restricted-activity days for the civilian noninstitutionalized population of the United States using data from the 1997 and 2001 Medical Expenditure Panel Survey. Estimates were examined by age, race/ethnicity, sex, marital status, health insurance coverage, education, income and health status, and area of residence. (AHRQ 04-0060)

**Rising Health Care Expenditures and the Employment of People with High-Cost Chronic Conditions.** S. Hill, G. Livermore, A. Houtenville, in *The Decline in Employment of People with Disabilities: A Policy Puzzle*; Kalamazoo, MI: Upjohn Institute, 2003, pp. 181-215. Uses data from the 1987 National Medical Expenditure Survey and the 1996 and 1997 Medical Expenditure Panel Survey to chart the rising prevalence of treated chronic conditions and compares expenditures and health insurance coverage of people with chronic health conditions in 1987 and 1996-1997. (AHRQ 03-R062)

**Spending and Service Use Among People with the Fifteen Most Costly Medical Conditions, 1997.** J. Cohen and N. Krauss, *Health Affairs*, 22(2):March/April 2003, 129-138. Uses Medical Expenditure Panel Survey data to identify the 15 most expensive health conditions in the United States in 1997, associate comorbidities with increased expenses, examine type-of-service and source-of-payment distributions across conditions, and highlight challenges to the efforts to reform the U.S. health system. (AHRQ 03-R029)

## Health Care Markets/Managed Care

**Do Different Measures of Hospital Competition Matter in Empirical Investigations of Hospital Behavior?** H. Wong, C. Zhan, R. Mutter, *Review of Industrial Organization*, 26:2005, 61-87. Reviews the literature on hospital competition measures, recreates

versions and evaluates these measures, and assesses whether different measures of hospital competition matter in empirical investigations of hospital behavior. (AHRQ 05-R050)

**The Effect of HMO Competition on Gatekeeping, Usual Source of Care, and Evaluations of Physician Thoroughness.** A. Sommers, D. Wholey, *The American Journal of Managed Care*, 9:September 2003, 618-627. Examines the effects of Health Maintenance Organization (HMO) enrollment and HMO competition on evaluation of physician thoroughness through their effects on gatekeeping and having a usual source of care. (AHRQ 04-R014)

**The Effect of HMO Penetration on Preventable Hospitalizations.** C. Zhan, M. Miller, H. Wong, et al., *Health Services Research*, 39(2):April 2004, 345-361. Examines the effects of health maintenance organization (HMO) penetration on preventable hospitalizations. Extends the literature by using multiple States, and more vigorously validated preventable hospitalization indicators, and including all hospitalized patients in the community, rather than a subset. (AHRQ 04-R038)

**Health Plan Liability and ERISA: The Expanding Scope of State Legislation.** F. Hellinger, G. Young, *American Journal of Public Health*, 95(2):February 2005, 217-223. Examines the intent, scope, and impact of recent laws passed in 10 States attempting to expand the legal rights of health plan enrollees to sue their plans. (AHRQ 05-R039)

**Managed Care and Preventable Hospitalization Among Medicaid Adults.** J. Basu, B. Friedman, H. Burstin,

*HSR:Health Services Research*, 39(3):June 2004, 489-509.

Examines the association between managed care enrollment and preventable hospitalization patterns of adult Medicaid enrollees hospitalized in four states. (AHRQ 04-R053)

**Plan Characteristics and SSI Enrollees' Access to and Quality of Care in Four TennCare MCOs.** S. Hill, J. Wooldridge, *HSR: Health Services Research*, 37(5):October 2002, 1197-1220. Assesses hypotheses about four managed care organizations' characteristics that affect access to care and quality of care for Supplemental Security Income enrollees. Includes characteristics such as access to specialists, providers' knowledge about disability, and coordination of care. (AHRQ 03-R012)

## Health Information Technology

**Health Information Technology To Advance Excellence in Health Care.** Agency for Healthcare Research and Quality, April 2005, two-fold brochure. Describes the health information technology initiative at AHRQ, discusses statewide and regional networks, and The AHRQ National Resource Center. (AHRQ 05-M0210)

## Health Insurance/ Access to Care

**Changes in Job-Related Health Insurance, 1996-99.** J. Branscome, B. Crimmel, *MEPS Chartbook No. 10*, July 2002, 30 pp. Shows changes in

job-related health insurance coverage in the private sector over the period 1996-1999. Charts and discussion show the extent to which employers offered coverage, enrollment rates of workers, types of plans offered, extent to which coverage was available without the employee having to contribute to the premium cost, and the cost of coverage—both overall and any employee share. (AHRQ 02-0030)

**Do Consumer-Directed Health Benefits Favor the Young and Healthy?** D. McNeill, *Health Affairs*, 23(1):January/February 2004, 186-193. Demonstrates through a simulation and demographic analysis of consumers' out-of-pocket payments for premiums and medical care that the young and healthy are potential winners with consumer-directed health benefits, and the moderately sick are losers. (AHRQ 04-R033)

**Employer Offers, Private Coverage, and the Tax Subsidy for Health Insurance: 1987-1996.** D. Bernard and T. Selden, *International Journal of Health Care Finance and Economics*, 2:2003, 297-318. Examines the "tax price elasticity" of employer offers and private coverage using data on workers and their families from the 1987 National Medical Expenditure Survey and the 1996 Medical Expenditure Panel Survey; presents estimates of the relationship between the simulated tax price and the prevalence of employer offers and private coverage; examines the extent to which tax price effects vary across subsets of workers defined by income, health risk, and establishment size; and explores the implica-

tions of focusing only on workers versus family-level outcomes regarding employer offers and coverage of all family members. (AHRQ 03-R031)

**Estimation of Expenditures and Enrollments for Employer-Sponsored Health Insurance.** J. Sommers, *MEPS Methodology Report*, 14: March 2003, 36 pp. Gives details of the enrollment and expenditure estimation process in the Medical Expenditure Panel Survey Insurance Component (IC) as well as where the estimation process deviates from standard methods. Discusses changes in the data collected and in the estimators used that have taken place since the first IC survey year. (AHRQ 03-0009)

**Has the Increase in HMO Enrollment Within the Medicaid Population Changed the Pattern of Health Service Use and Expenditures?** J. Kirby, S. Machlin, J. Cohen, *Medical Care*, Supplement, 41(7):2003, III-24-III-34. Describes changes in health services use and expenditures within the Medicaid population between 1987 and 1997, and estimates the extent to which the increase in Health Maintenance Organization enrollment has influenced these changes. (AHRQ 03-R055)

**Health Care in Urban and Rural Areas, 1998-2000.** S. Larson, S. Machlin, A. Nixon, et al., *MEPS Chartbook No. 13*, July 2004, 39 pp. Presents Medical Expenditure Panel Survey data on health care in urban and rural areas for the period 1998-2000. Examines differences in health care access, use, and expenses from

**Monitoring the Health Care Safety Net.** Agency for Healthcare Research and Quality and Health Resources and Services Administration (HRSA), September 2003. Brings together 118 measures, largely from 1999, at the city, county, metropolitan, and State levels. *Monitoring the Health Care Safety Net—Book I: A Data Book for Metropolitan Areas* presents data that describe the health care safety net in the places where 75 percent of the total American population lives and where 80 percent of Americans with family incomes below the Federal poverty line live. *Monitoring the Health Care Safety Net—Book II: A Data Book for States and Counties* shows data from all 1,818 counties in these States, including both metropolitan and nonmetropolitan counties.

A Web-based Safety Net Profile Tool (available at <http://www.ahrq.gov/data/safetynet/>) provides electronic access to the data and can be used to generate easy-to-use reports on geographic areas covered in these two books. The companion book, *Monitoring the Health Care Safety Net—Book III: Tools for Monitoring the Health Care Safety Net*, offers strategies and concrete tools for assessing local health care safety nets. The brochure, *Developing Data-Driven Capabilities to Support Policymaking*, provides a framework for State policymakers to define and access their safety nets.

**Books I, II, and CD** (AHRQ 03-0025)

**Book III** (AHRQ 03-0027)  
**Brochure** (AHRQ 04-0037)

U.S. counties that were classified into four groups along the urban-rural continuum from metropolitan statistical areas to rural areas. (AHRQ 04-0050)

**How Has Small Group Market Reform Affected Employee Health Insurance Coverage?** A. Monheit, B. Schone, *Journal of Public Economics*, 88:2003, 237-254. Addresses the effects of reform on the likelihood that workers are offered insurance, have employment-based coverage, or are policyholders of an employment-based plan. Evaluates the differential effects of alternative reform measures on high and low risk workers. (AHRQ 04-R030)

**Limits to the Safety Net: Teaching Hospital Faculty Report on Their Patients'**

**Access to Care.** J. Weissman, E. Moy, E. Campbell, et al., *Health Affairs*, 22(6): November/December 2003, 156-166. Discusses gaps in access to certain specialty services and to routine inpatient care. (AHRQ 04-R028)

**Medicare Quality Improvement—Bad Apples or Bad Systems?** D. Hsia, *JAMA*, 289(3):January 15, 2003, 354-356. Editorializes that quality improvement organizations (QIOs) constitute the Nation's main infrastructure for quality improvements in health care. Contends that QIOs are applicable to Medicare beneficiaries and must exert a spillover effect on other patients, and provides citations that demonstrate QIO successes. (AHRQ 03-R016)



**Neighborhood Socioeconomic Disadvantage and Access to Health Care.** J. Kirby, T. Kaneda, *Journal of Health and Social Behavior*, 46:March 2005, 15-31. Discusses the role of community-level factors in helping or hindering individuals in obtaining needed care by examining how neighborhood socioeconomic disadvantage is associated with access to health care. (AHRQ 05-R051)

**New Evidence on Hospital Profitability by Payer Group and the Effects of Payer Generosity.** B. Friedman, N. Sood, K. Engstrom, et al., *International Journal of Health Care Finance and Economics*, 4:2004, 231-246. Provides new estimates of U.S. hospital profitability by payer group, controlling for hospital characteristics, and evidence about the intensity of care for particular diseases associated with the generosity of the patient's payer and other payers at the same hospital. (AHRQ 04-R069)

**Pathways to Access: Health Insurance, the Health Care Delivery System, and Racial/Ethnic Disparities, 1996-1999.** S. Zuvekas and G. Taliaferro, *Health Affairs*, 22(2):March/April 2003, 139-153. Questions the roles that insurance coverage, the delivery system, and external factors play in explaining persistent disparities in access among racial and ethnic groups of all ages. Finds much of the disparity remains unexplained; however, employment, job characteristics, and marital status are key determinants of disparities in access to insurance but are difficult for health policy to affect directly. (AHRQ 03-R028)

**Rural-Urban Differences in Employment-Related Health Insurance.** S. Larson, S. Hill, *Journal of Rural Health*, 21(1):Winter 2005, 21-30. Compares nonelderly adult residents in three types of nonmetropolitan areas with metropolitan workers to evaluate which characteristics contribute to lack of employment-related insurance. Concludes that health insurance disparities associated with rural residence are related to employment factors including smaller employers, lower wages, greater prevalence of self-employment, and sociodemographic characteristics. (AHRQ 05-R026)

**Rural-Urban Differences in Usual Source of Care and Ambulatory Service Use: Analyses of National Data Using Urban Influence Codes.** S. Larson, J. Fleishman, *Medical Care*, Supplement, 41(7):2003, III-65-III-74. Using the nine-category Urban Influence Codes, examines the relationship between place of residence and having access and utilization of ambulatory health services. (AHRQ 03-R057)

**SSI Enrollees' Health Care in TennCare.** S. Hill and J. Wooldridge, *Journal of Health Care for the Poor and Underserved*, 14(2):2003, 229-243. Describes key features of Tennessee's Medicaid managed care program (TennCare) and assesses the health care that Supplemental Security Income (SSI) enrollees receive in TennCare. Compares SSI and other enrollees in terms of access to and satisfaction with care; and assesses whether SSI enrollees have access to the services important to people

with disabilities, knowledgeable providers, and coordinated care. (AHRQ 03-R040)

**State Differences in Job-Related Health Insurance, 1998.** J. Branscome, E. Brown, *MEPS Chartbook No. 7*, September 2001, 29 pp. Illustrates data from the Medical Expenditure Panel Survey Insurance Component. Presents estimates of workers' access to job-related health insurance, the cost of that insurance, and the choice of plans available to workers in 1998. (AHRQ 01-0036)

**State Differences in Job-Related Health Insurance, 1996.** C. Peterson, J. Vistnes, *MEPS Chartbook No. 4*, March 2000, 35 pp. Presents estimates of workers' access to job-related health insurance, the cost of that insurance, and the choice of plans available to workers in 1996. Maps of the United States show the national average and how 40 of the States compare to the national average. (AHRQ 00-0017)

**Systematic Screening of Secondary Diagnoses in Medicare Administrative Data to Identify Candidate Risk Factors for the Principal Diagnosis.** W. Baine, *AEP*, 13(6):July 2003, 443-449. Describes gaps in Medicare data and suggests methods for circumventing them to screen claims files to identify diagnoses that merit consideration as candidates for evaluation as possible risk factors. (AHRQ 03-R051)



**Tax Incidence and Net Benefits in the Market for Employment-Related Insurance: Sensitivity of Estimates to the Incidence of Employer Costs.** T. Selden, D. Bernard, *International Journal of Health Care Finance and Economics*, 4:2004, 167-192. Reviews the available evidence regarding the incidence of employer health care costs, and uses data from the 1996 Medical Expenditure Panel Survey to explore the sensitivity of tax and net benefit incidence estimates to alternative assumptions regarding the underlying incidence of employer premium contributions. (AHRQ 04-R049)

**The Uninsured in America: 1996-2000.** J. Rhoades, J. Vistnes, J. Cohen, *MEPS Chartbook No. 9*, May 2002, 35 pp. Describes the changes in the nonelderly population's risk of being uninsured during a 5-year period. Illustrates the data according to age, racial/ethnic groups, and employment. (AHRQ 02-0027)

**Variation in Preventive Service Use Among the Insured and Uninsured: Does Length of Time Without Coverage Matter?** H. Bednarek, B. Schone, *Journal of Health Care for the Poor and Underserved*, 14(3):2003, 403-419. Uses data from the 1996 Medical Expenditure Panel Survey to assess the relationship between preventive services and the length of time with insurance during a 12-month period. (AHRQ 03-R066)

**Workers' Decisions to Take-Up Offered Health Insurance Coverage: Assessing the Importance of Out-of-Pocket Premium Costs.** P. Cooper, J. Vistnes, *Medical Care*, Supplement, 41(7):2003, III-35-III-43.

Examines the relationship between workers' decisions to take-up offers of health insurance and annual out-of-pocket contributions, total premiums, and employer and workforce characteristics. (AHRQ 03-R060)

## Health Services Research

**Creating Partnerships, Improving Health: The Role of Community-Based Participatory Research.** Agency for Healthcare Research and Quality, June 2003, 9 pp. Explains community-based participatory research and suggests how community organizations can get involved in health services research. Includes interviews with community groups and researchers. (AHRQ 03-0037)

**Health Services Research: From Galvanizing Attention to Creating Action.** C. Clancy, *HSR: Health Services Research*, 38(3):June 2003, 777-782. Editorializes about the role of health services researchers in identifying critical issues and problems in the American health care system, identifying policy problems, galvanizing public opinion, and spurring debate. Suggests ways researchers can move from "galvanizing attention to galvanizing action" and provides examples of collaborative projects funded by AHRQ. (AHRQ 03-R043)

**National Research Service Awards—Institutional Health Service Research Training Programs.** Agency for Healthcare Research and Quality, December 2003, 20 pp. Describes the AHRQ-funded institutional research training program in health services research, including

some programs that are graduate level for post-baccalaureate degrees, and others for clinicians who want to move into health services research. Includes specific information about individual programs funded, how to get additional information, and how to apply for funding. (AHRQ 04-0023)

**An Opportunity for Health Services Research: The AHRQ Furthers Nursing Practice.** H. Hubbard, B. Collins Sharp, *American Journal of Nursing*, 104(11):November 2004, 89-91. Discusses examples of nursing-related research from AHRQ. (AHRQ 05-R016)

**Practical Clinical Trials—Increasing the Value of Clinical Research for Decision Making in Clinical and Health Policy.** S. Tunis, D. Stryer, C. Clancy, *Journal of the American Medical Association*, 290(12):September 24, 2003, 1624-1632. Explains the impact of knowledge gaps on health care decisionmakers, describes the features of clinical trials that would more reliably answer the practical questions they face, and discusses why the current clinical research enterprise fails to address many important practical questions. Also, proposes strategies to address the current shortage of clinical trials to meet these needs. (AHRQ 04-R006)

**Setting a Research Agenda for Health and the Humanities.** F. Chesley, J. Herbert, *AHRQ Conference Summary Report*, March 2004, 9 pp. Summarizes the recommendation from a March 2002 conference convened by the National Endowment for the Humanities and the Agency for Healthcare Research and Quality to explore how

expanded interaction between health services researchers and scholars in the humanities might broaden the horizons of health care in America. (AHRQ 04-0003)

**Some Tips on Getting Funding for Health Services Research.** R. Huges, *Applied Nursing Research*, 17(4):November 2004, 305-307. Advice on submitting clear and methodologically sound grant applications in order to be successful in receiving Federal research grants. (AHRQ 05-R035)

**Translating Research into Nursing Practice: Agency for Healthcare Research and Quality.** B. Collins Sharp, H. Hubbard, C. Jones, *Nursing Outlook*, 53(1):2005, 46-48. Describes opportunities for nurse scientists, administrators, and clinicians to interact with AHRQ programs that fund and generate research while seeking to translate that research into practice and policy. (AHRQ 05-R040)

## Minority Health

**African American Church Participation and Health Care Practices.** K. Felix-Aaron, D. Levine, H. Burstin, *Journal of General Internal Medicine*, 18:November 2003, 908-913. Examines the prevalence of church participation, whether it influences positive health care practices, and whether gender, age, insurance status, and levels of comorbidity modifies these relationships. (AHRQ 04-R022)

**AHRQ Update: Strengthening the Health Services Research to Reduce Racial and Ethnic Disparities in Health Care.** C. Clancy, F. Chesley, *HSR: Health Services Research*, 38(5):Part 1, October 28, 2003, xi-xviii.

Discusses AHRQ's policy on inclusion of priority populations and other ways AHRQ is working to enhance the equity and consistency of care for priority populations. (AHRQ 04-R011)

**Assessing the Nation's Progress Toward Elimination of Disparities in Health Care.** S. Siegel, E. Moy, H. Burstin, *Journal of General Internal Medicine*, 19:February 2004, 195-200. Discusses the first annual *National Healthcare Disparities Report* that examines disparities in the general population and within the Agency's priority populations. (AHRQ 04-R041)

**The Effectiveness of a Community/Academic Health Center Partnership in Decreasing the Level of Blood Pressure in an Urban African-American Population.** D. Levine, L. Bone, M. Hill, et al., *Ethnicity & Disease*, 13:Summer 2003, 354-361. Investigates the effectiveness of a community-academic health center partnership, and the utilization of indigenous health workers, to enhance the control of blood pressure in a high-risk, urban African-American population. (AHRQ 04-R003)

**Hispanic Healthcare Disparities: Challenging the Myth of a Monolithic Hispanic Population.** R. Weinick, E. Jacobs, L. Stone, et al., *Medical Care*, 42(4):April 2004, 313-320. Examines the association between use of health care services and Hispanic Americans' country of ancestry or origin, language of interview, and length of time lived in the United States. (AHRQ 04-R043)

**Individual and Contextual Risks of Death Among Race and Ethnic Groups in the**

**United States.** S. Huie, R. Hummer, and R. Rogers, *Journal of Health and Social Behavior*, 43:September 2002, 359-381. Examines the effects of both individual and contextual factors on adult mortality differentials among blacks, whites, and multiple Hispanic subgroups. Demonstrates a new technique for building contextual-level indicators for an individual-level data set and concludes that race/ethnic groups risk death through their socioeconomic characteristics and through the characteristics of their neighborhoods. (AHRQ 03-R022)

**Latino Adults' Health Insurance Coverage: An Examination of Mexican and Puerto Rican Subgroup Differences.** M. Vitullo, A. Taylor, *Journal of Health Care for the Poor and Underserved*, 13(4):2002, 504-525. Examines how insurance status varies among black, white, and Latino adults; compares the factors associated with health insurance status for Mexican and Puerto Rican adults; and suggests approaches for decreasing the numbers of uninsured Latino adults. (AHRQ 03-R007)

**Reducing Racial and Ethnic Disparities in Health Care.** D. Stryer, R. Weinick, C. Clancy, *HSR: Health Services Research*, 37(5):October 2002, xv-xxvi. Provides an overview of current AHRQ initiatives designed to close the gaps in health and health care among racial and ethnic groups in the United States. Addresses research, training, and data development for researchers; the translation of research into practice; and future directions regarding Agency policies and the field of health services research. (AHRQ 03-R009)

**CERTs Annual Report.** Agency for Healthcare Research and Quality. Documents progress in the Centers for Education & Research on Therapeutics (CERTs) program by year.

**CERTs Annual Report Year 1** (OM 01-0011)  
**CERTs Annual Report Year 2** (OM 02-0001)  
**CERTs Annual Report Year 3** (AHRQ 03-0021)  
**CERTs Annual Report Year 4** (AHRQ 04-0090)

**Researching Disparities: Strategies for Primary Data Collection.** R. Weinick, *Academic Emergency Medicine*, 10(11):November 2003, 1161-1168. Addresses several issues related to collecting and classifying data on race/ethnicity and socioeconomic status, and selected methodologic issues that are particularly important for evaluating disparities. (AHRQ 04-R013)

**Variation in Racial and Ethnic Differences in Consumer Assessments of Health Care.** N. Lurie, C. Zhan, J. Sangl, et al., *The American Journal of Managed Care*, 9:July 2003, 502-509. Examines racial/ethnic differences in consumer assessments and explores variation in such differences across health plans. (AHRQ 03-R063)

## Outcomes and Effectiveness Research

**An Analysis of Administrative Data Found that Proximate Clinical Event Ratios Provided a Systematic Approach to Identifying Possible Iatrogenic Risk Factors or Complications.** W. Baine, S. Kazakova, *Journal of Clinical Epidemiology*, 58:2005, 162-170. Discusses a method to generate hypotheses about iatrogenic risk factors and complications from administrative data that was developed and tested using

hospitalization of the elderly for depression as a model. (AHRQ 05-R028)

**Burden of Illness in Cancer Survivors: Findings From a Population-Based National Sample.** K. Yabroff, W. Lawrence, S. Clauser, et al., *Journal of the National Cancer Institute*, 96(17):September 1, 2004, 1322-1330. Estimates the burden of illness in cancer survivors in a national, population-based sample. Compares multiple measures of burden, including utility, a summary measure of health, and days lost from work. (AHRQ 04-R068)

**Centers for Education and Research on Therapeutics (CERTs).** J. Kramer, L. Bosco, R. Califf, *Drug Information Journal*, 36:2002, 717-723. Presents the legislative background, structure, mission, and vision of the CERTs—a public-private partnership administered by AHRQ and the Food and Drug Administration that aims to serve as a resource for people seeking to improve their health. Outlines the CERTs' approach, the role of the coordinating center, and examples of research projects. (AHRQ 03-R013)

**Compendium of AHRQ Research Related to Mental Health.** Agency for Healthcare Research and Quality. *AHRQ Program Note 6*, January 2003, 66 pp. Provides an overview of the research and activities related to mental health that

AHRQ has conducted and funded. The compendium is generally organized by type of disorder and an index serves as a cross-classification. (AHRQ 03-0001)

**Hindsight Bias, Outcome Knowledge, and Adaptive Learning.** K. Henriksen, H. Kaplan, *Quality and Safety in Health Care*, Supplement ii, 12:2003, ii46-ii50. Examines the influence of outcome knowledge in relation to reconstructive memory and legal testimony, ways for reducing the impact of outcome knowledge, and an adaptive learning framework that places hindsight bias in a broader context of rapid updating of knowledge. (AHRQ 04-R036)

**Outcomes and Effectiveness Research: Capacity Building for Nurse Researchers at the Agency for Healthcare Research and Quality.** H. Hubbard, P. Walker, C. Clancy, et al., *Outcomes Management*, 6(4):October/December 2002, 146-151. Highlights AHRQ's commitment to developing nursing-related health services research and maintaining a strong nursing presence within the organization. Addresses Agency funding, the shaping of AHRQ's outcomes research agenda, and building capacity among nurses to conduct research. (AHRQ 03-R003)

**Outcomes Research. Priorities for an Evolving Field.** D. Stryer, J. Siegel, A. Rogers, *Medical Care*, Supplement, 42(4):April 2004, III-1-III-5. Discusses outcomes research, a priority of the Agency, in terms of building new systems, addressing populations with changing health care needs, supporting emerging strategies in health care delivery, part-



**Advances in Patient Safety: From Research to Implementation.** Agency for Healthcare Research and Quality and U.S. Department of Defense, April 2005. Four-volume set covers new patient safety findings, investigative approaches, process analyses, and practical tools for preventing medical errors and harm.

**Volume 1—Research Findings.** (AHRQ 05-0021-1)

**Volume 2—Concepts and Methodology.** (AHRQ 05-0021-2)

**Volume 3—Implementation Issues.** (AHRQ 05-0021-3)

**Volume 4—Programs, Tools, and Products.** (AHRQ 05-0021-4)

**CD-Rom—Volumes 1-4.** (AHRQ 05-0021-CD)

nering effectively with patients, and ensuring value. (AHRQ 04-R045)

**Process Utility for Imaging in Cerebrovascular Disease.**

J. Swan, F. Sainfort, W. Lawrence, et al., *Academic Radiology*, 10(3):March 2003, 266-274. Suggests that “waiting trade-off” (WTO) is a successful measurement of process utility for patients; characterizes the technique as having an easily understood approach and a metric based on quality-adjusted life years; and details lines of evidence for WTO validity. Finds that the WTO provides a reasonable estimate of the relative morbidity of conventional and magnetic reasoning angiography, and provides a quality-adjustment term for economic analysis. (AHRQ 03-R039)

## Patient Safety/Medical Errors

**Administrative Data Based Patient Safety Research: A Critical Review.** C. Zahn, M. Miller, *Quality and Safety in Health Care*, Supplement ii, 12:2003, ii58-ii63. Discusses the impact of tools, such as the Agency’s patient safety indica-

tors, as a screen for potential patient safety problems. (AHRQ 04-R035)

**Ambulatory Patient Safety: What We Know and Need to Know.** T. Hammons, N. Piland, S. Small, et al., *Journal of Ambulatory Care Management*, 26(1):2003, 63-82. Reports findings from a conference designed to explore ambulatory care patient safety issues. Reviews the evidence on the epidemiology of medical errors, patient safety, risk, and adverse events in ambulatory care; proposes a research agenda in ambulatory safety; and proposes a series of potential interventions that could be used to improve safety in the ambulatory setting. (AHRQ 03-R021)

**A Call to Excellence.** C. Clancy and T. Scully, *Health Affairs*, 22(2):March/April 2003, 113-115. Explains how the Federal Government’s health agencies are responding to the call for improved patient safety and accountability in medicine, and how the U.S. Department of Health and Human Services is taking the lead on patient safety by prioritizing the support of research, information, and partnerships to ensure that all Americans

receive high-quality, safe, and efficient health care. (AHRQ 03-R030)

**Challenges in Healthcare Systems and Women’s Care-giving Roles.** R. Correa-de-Araujo, P. Stone, S. Clarke, *Emerg Infect Dis*, 10(11): November 2004. Provides an overview of health system nurse staffing challenges, outcomes of intensive care unit conditions, and nurse staffing and adverse patient outcomes. (AHRQ 05-R012)

**First, Do No Harm: Are You Tired?** R. Hughes, A. Rogers, *American Journal of Nursing*, 104(3):March 2004, 36-38. Discusses the effects of nurses’ sleep loss and deprivation on patient safety. (AHRQ 04-R048)

**First, Do No Harm: Avoiding the Near Misses.** R. Hughes, *American Journal of Nursing*, 104(5):May 2004, 81-84. Discusses lessons learned from other industries, such as aviation, to reduce threats to patient safety. (AHRQ 04-R052)

**First, Do No Harm: The Perils of Shift Work.** R. Huges, *American Journal of Nursing*, 104(9):September 2004, 60-63. Reviews evidence on the effects of shift work on health and work performance and provides specific recommendations for nurses. (AHRQ 04-R070)

**Hospital Survey on Patient Safety Culture.** Agency for Healthcare Research and Quality, September 2004, 75 pp. Includes a review of the literature pertaining to safety issues, accidents, medical errors, error reporting, and the safety climate of hospital environments. The final survey was pilot tested with more than 1,400 hospital employees



across the United States, and includes information on sample group selection, data collection, and interpreting results. (AHRQ 04-0041)

**The Importance of Safety and Quality in Rural America.** H. Burstin, M. Wakefield, *The Journal of Rural Health*, 20(4):October 2004, 301-303. Introduction to a special issue that draws much-needed research attention to the topic of rural health care quality and attempts to stimulate appropriate redesign in rural health care systems and practices through institutional, academic, and public policy change. (AHRQ 05-R043)

**Improving Patient Safety—Five Years After the IOM Report.** D. Altman, C. Clancy, R. Blendon, *New England Journal of Medicine*, 351(20):November 11, 2004, 2041-2043. Discusses the state of improving patient safety in hospitals after a 1999 report from the Institute of Medicine featured statistics about preventable medical errors. (AHRQ 05-R017)

**Improving the Use and Safety of Medications in Women Through Sex/Gender and Race/Ethnicity Analysis: Introduction.** R. Correa-deAr-  
aujo, *Journal of Women's Health*, 14(1):January 2005, 12-15. A considerable amount of evidence shows that clinically relevant sex/gender and racial/ethnicity differences exist in the pharmacological response to certain drugs. Describes expert panel discussion of issues related to these differences and improving the use and safety of medications in women. (AHRQ 05-R020)

**Medical Teamwork and Patient Safety: The Evidence-Based Relation.**

Agency for Healthcare Research and Quality, April 2005, 59 pp. Presents evidence to support the relation between team training and patient safety. Presents background information related to teamwork, including the nature of effective teamwork, teamwork-related knowledge, skills, and attitudes, and contextual issues surrounding teamwork. (AHRQ 05-0053)

**Medication Errors: Why They Happen and How They Can Be Prevented.** R. Huges, E. Ortiz, *American Journal of Nursing*, Supplement:March 2005, 14-24. Provides an overview of what is known about errors in medication administration, barriers to implementing safer practices, and current and potential mechanisms to improve medication administration. (AHRQ 05-R044)

**A National Profile of Patient Safety in U.S. Hospitals.** P. Romano, J. Geppert, S. Davies, et al., *Health Affairs*, 22(2):March/April 2003, 154-166. Establishes the face and consensual validity of 20 patient safety indicators (PSIs) and generates a national profile of patient safety by applying these PSIs to the Healthcare Cost and Utilization Project Nationwide Inpatient Sample. Demonstrates how a low-cost universally available administrative data set allows tracking of PSIs across the country. (AHRQ 03-R027)

**Nurses' Working Conditions: Implications for Infectious Disease.** P. Stone, S. Clarke, J. Cimiotti, et al., *Emerging Infectious Diseases*, 10(11):November 2004, 1984-89. Discusses the nurse workforce, reviews research examining nursing as it relates to infectious disease, identifies

gaps in the literature, and discusses potential policy options. (AHRQ 05-R006)

**Organizing Patient Safety Research to Identify Risks and Hazards.** J. Battles, R. Lilford, *Quality and Safety in Health Care*, Supplement ii, 12:2003, ii2-ii7. Discusses two significant questions that challenge the worldwide patient safety effort: how to organize a comprehensive patient safety research initiative and what research methods are appropriate to use for carrying out the research initiative. (AHRQ 04-R034)

**Patient Safety: Research Methods for a New Field.** J. Battles, *Quality and Safety in Health Care*, Supplement II, 12:2003, ii1. Discusses a series of articles that describe research methods and approaches to identify risks and hazards related to patient safety. (AHRQ 04-R034)

**The U.S. Agency for Healthcare Research and Quality's Activities in Patient Safety Research.** G. Meyer, J. Battles, J. Hart, et al., *International Journal of Quality in Health Care*, Supplement I, 15:2003, i25-i30. Updates the international community on the Agency's recent and current activities in improving patient safety. (AHRQ 04-R032)

**Using Standardised Patients in an Objective Structured Clinical Examination as a Patient Safety Tool.** J. Battles, S. Wilkinson, S. Lee, *Quality & Safety in Health Care*, 13(Suppl 1):2004, i46-i50. Describes how using individuals who have been trained to portray a medical case in a consistent manner can be a powerful tool in measuring continued competence in human reliability and skill

performance where such skills are a critical attribute to maintaining patient safety. (AHRQ 05-R027)

**When Is “Good Enough”? The Role and Responsibility of Physicians to Improve Patient Safety.** L. Goode, C. Clancy, H. Kimball, et al., *Academic Medicine*, 77(10):October 2002, 947-952. Summarizes the main themes and issues that emerged from the September 2001 conference entitled “The Role and Responsibility of Physicians to Improve Patient Safety.” Focuses on the individual clinician’s role and strategies physicians might employ to advance patient safety. (AHRQ 03-R005)

## Primary Care

**Asthma Severity: The Patient’s Perspective.** B. Yawn, G. Fryer, D. Lanier, *Journal of Asthma*, 41(6):2004, 623-630. To learn how patients and parents of children with asthma rate the severity of their or their child’s asthma, data from the 1999 Medical Expenditure Panel Survey were combined to obtain a distribution of patient-reported asthma severity. (AHRQ 05-R047)

**Crossing the Quality Chasm in Emergency Medicine.** H. Burstin, *Academic Emergency Medicine*, 9(11):November 2002, 1074-1077. Discusses the role of emergency departments in improving patient safety and health care quality; how emergency medicine can respond to the Institute of Medicine’s report “Crossing the Quality Chasm;” and new and emerging issues for emergency department quality and the implications for health services researchers. (AHRQ 03-R011)

**Emergency Department Crowding: Consensus Development of Potential Measures.** L. Solberg, B. Asplin, R. Weinick, et al., *Annals of Emergency Medicine*, 42(6):December 2003, 824-834. Identified measures of emergency department and hospital workflow that is of value in understanding, monitoring, and managing crowding. (AHRQ 04-R021)

**Emergency Severity Index, Version 4: Implementation Handbook.** N. Gilboy, P. Tanabe, D. Travers, et al., May 2005, 82 pp. Manual covers all details of the Emergency Severity Index—a five-level emergency department triage algorithm that provides clinically relevant stratification of patients into five groups from most urgent to least urgent on the basis of acuity and resource needs. (AHRQ 05-0046-2) **Emergency Severity Index, Version 4: Everything You Need To Know.** Companion two DVD set training tool. (AHRQ 05-0046-DVD)

**Exploring Residency Match Violations in Family Practice.** R. Phillips, K. Phillips, F. Chen, et al., *Family Medicine*, 35(10):November-December 2003, 717-720. Discusses what student applicants to family practice residency programs in 2002 understood about National Resident Matching Program guideline violations, whether they experienced violations, and how they were affected by perceived violations. (AHRQ 04-R024)

**Hospitalization for Firearm-Related Injuries in the United States, 1997.** J. Coben and C. Steiner, *American Journal of Preventive Medicine*, 24(1):2003, 1-8. Analyzes the 1997 Nationwide

Inpatient Sample to assess and report on firearm-related injuries, and determines the breadth and depth of information on firearm-related hospitalizations. (AHRQ 03-R025)

**International Medical Graduates and the Primary Care Workforce for Rural Underserved Areas.** K. Fink, R. Phillips, Jr., G. Fryer, et al., *Health Affairs*, 22( 2): March/April 2003, 255-262. Analyzes the 2000 American Medical Association Masterfile and Area Resource File to build upon previous research by investigating the extent to which international medical graduates (IMGs) practice primary care in rural underserved areas (RUA) compared with U.S. medical graduates (USMGs). Finds IMGs are no more likely than USMGs to practice primary care in RUAs; however, the distribution by specialty differs. (AHRQ 03-R033)

**Postoperative Adverse Events in Teaching and Nonteaching Hospitals.** A. Duggirala, F. Chen, P. Gergen, *Family Medicine*, 36(7):July-August 2004, 508-513. Use national Health-care Cost and Utilization Project data to examine rates of postoperative adverse events in teaching hospitals and to compare them to the rates in nonteaching hospitals. (AHRQ 04-R058)

**Predictors and Outcomes of Frequent Emergency Department Users.** B. Sun, H. Burstin, and T. Brennan, *Academic Emergency Medicine*, 10(4):April 2003, 320-328. Identifies independent predictors and outcomes associated with heavy emergency department (ED) use from a multicenter, cross-sectional study of ED use. Examines the association

between frequent ED visits and selected outcomes (such as hospital admission, return to ED for the same problem, followup with a doctor, satisfaction levels, and willingness to return to the same ED). (AHRQ 03-R038)

**Prescription Drugs and the Changing Patterns of Treatment for Mental Disorders, 1996-2001.** S. Zuvekas, *Health Affairs*, 24(1): January/February 2005, 196-205. Uses detailed data and other services from the Medical Expenditure Panel Survey to examine recent trends in mental health and substance abuse treatment between 1996 and 2001. (AHRQ 05-R031)

**Preventable Hospitalizations: A Window Into Primary and Preventive Care, 2000.** D. Kruzikas, H. Jiang, D. Remus, et al., *HCUP Fact Book No. 5*, September 2004, 52 pp. Presents information on preventable hospitalizations for select chronic and acute conditions, as well as for one birth outcome. Evaluates time trends between 1994 and 2000, variations across regions of the United States, and hospitalizations among priority populations. Provides detailed statistics for each condition. (AHRQ 04-0056)

**Primary Care, HMO Enrollment, and Hospitalization for Ambulatory Care Sensitive Conditions. A New Approach.** J. Basu, B. Friedman, and H. Burstin, *Medical Care*, 40(12):2002, 1260-1269. Assesses the association of ambulatory care sensitive (ACS) hospitalization, the availability of primary care in a local area, and the types of insurance coverage among nonelderly adults in the State of New York. Finds a negative

association between the local density of primary care physicians and the odds of an ACS hospitalization for adults. (AHRQ 03-R014)

**Principles of Preventive Care.** D. Atkins, *Primary Care: Clinics in Office Practice*, 29:2002, 475-486. Explores how clinicians can develop an office-based approach to prevention that is both evidence based and practical. Shows clinicians how to find up-to-date recommendations; understand reasons for conflicting recommendations; and identify other issues, which may affect the appropriateness of specific recommendations for their practices. (AHRQ 03-R002)

**Psychiatric Symptoms, Impaired Function, and Medical Care Costs in an HMO Setting.** E. Hunkeler, W. Spector, *General Hospital Psychiatry*, 25:2003, 178-184. Examines relationships among anxiety, depression, and associated impaired role function with the costs of general medical services. (AHRQ 03-R050)

**Research Into Practice III: Doctor Performance and Public Accountability.** D. Lanier, M. Roland, H. Burstin, et al., *The Lancet*, 326:October 25, 2003, 1404-1408. Presents an international view of efforts to measure and improve doctors' performance from the perspective of the UK, the USA, and the Netherlands. (AHRQ 04-R012)

**Subclinical Thyroid Disease. Scientific Review and Guidelines for Diagnosis and Management.** M. Sturks, E. Ortiz, G. Daniels, et al., *Journal of the American Medical Association*, 291(2):January 14, 2004, 228-238. Discusses the definition

of subclinical thyroid disease, its epidemiology, appropriate evaluation, risks and benefits of treatment and consequences of no treatment, and whether population-based screening is warranted. (AHRQ 04-R027)

## Quality of Care

**AHRQ Summit—Improving Health Care Quality for All Americans: Celebrating Success, Measuring Progress, Moving Forward.** *AHRQ Conference Summary Report*, June 2005, 28 pages. Summarizes individual and panel presentation from AHRQ's first Quality Summit held April 4, 2005, to identify strategies for addressing health care quality and eliminating disparities. Examples from the field, findings from the research, and lessons on leading by example are included. (AHRQ 05-0084)

**Federal Initiatives: The Agency for Healthcare Research and Quality Supports an Array of IT Initiatives to Improve Healthcare Quality.** E. Ortiz, *Healthcare Informatics*, January 2003, 49-51. Describes AHRQ's efforts to develop a national interconnected electronic health information infrastructure that supports the needs of clinicians, patients, payers, policymakers, researchers, and the public; and implement information technology initiatives to improve patient safety, health care quality, public health, and bioterrorism preparedness. (AHRQ 03-R023)

**The First National Reports on United States Healthcare Quality and Disparities.** A. Poker, H. Hubbard, *Journal of Nursing Care Quality*, 19(4): October-December 2004, 316-321. Provides an overview of



the framework, development, and future uses of the National Healthcare Quality and Disparities Reports by consumers, practitioners, researchers, and policymakers. Discusses the role of information technology in improving the quality of health care in the United States. (AHRQ 05-R001)

**A Framework and Action Agenda for Quality Improvement in Rural Health Care.**

F. Calico, C. Dillard, I. Moscovice, et al., *The Journal of the Rural Health*, 19(3):Summer 2003, 226-232. Discusses issues, barriers, and opportunities related to bringing rural health care into the mainstream of the national quality "revolution." (AHRQ 03-R047)

**From Information on Quality to Quality Information.** C. Clancy, *HSR: Health Services Research*, 39(6):December 2004, 1631-1634. Addresses issues in making information on quality useful and used by consumers and health care purchasers. (AHRQ 05-R023)

**Measuring the Quality of Hospital-Based Domestic Violence Programs.** J. Coben, *Academic Emergency Medicine*, 9(11):November 2002, 1176-1183. Attempts to reach consensus among a panel of 18 experts on the types of

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performance measures that are useful for evaluating the quality of hospital-based domestic violence programs. Identifies measures relevant to clinical services in the emergency department as well as those that may help emergency physicians fulfill their leadership and evaluation roles. (AHRQ 03-R010)

**National Quality Measures Clearinghouse™ Tutorial.**

Agency for Healthcare Research and Quality, October 2003, CD-ROM tutorial provides information on specific evidence-based health care quality measures and measure sets. (04-0009-CD)

**Nursing and the Agency for Healthcare Research and Quality (AHRQ): An Agenda.** P. Walker, H. Hubbard, *Nursing Outlook*, 51:January/February 2003, 3-4. Discusses an annual quality

report on national trends in the quality of health care provided in the U.S. Also, discusses the role of the nursing profession. (AHRQ 03-R048)

**Predicting EuroQoL EQ-5D Preference Scores from the SF-12 Health Survey in a Nationally Representative Sample.** W. Lawrence, J. Fleishman, *Medical Decision Making*, 24:March-April 2004, 160-169. Uses the Medical Expenditure Panel Survey to examine the relationship between the EuroQoL EQ-5D utility index and the SF-12 Health Survey for a U.S. national sample of adults. (AHRQ 04-R040)

**Prevention Health Care Quality in America: Findings from the First National Healthcare Quality and Disparities Reports.** E. Kelley, E. Moy, B. Kosiak, et al., *Preventing Chronic Disease*, 1(3):July 2004, 1-5. Summarizes the main findings of the reports on preventive care for both primary prevention of disease and secondary prevention of increasing acuity of existing disease, and discusses the implications for quality measurement and improvement efforts. (AHRQ 04-R057)

## 2004 National Reports on Quality and Disparities

Agency for Healthcare Research and Quality, December 2004. Second annual reports focus on quality of and disparities in health care in America.

**National Healthcare Quality Report**, 104 pp, finds that quality is improving and identifies areas which are in need of major improvements. (AHRQ 05-0013)

**National Healthcare Disparities Report**, 143 pp, indicates that there are pervasive disparities related to race, ethnicity, and socioeconomic status. (AHRQ 05-0014)



## Diabetes Care Quality Improvement

Agency for Healthcare Research and Quality, September 2004. Two complementary products help State leaders implement quality improvement plans for their States or enhance existing programs. Uses State-level data on diabetes care from the 2003 *National Healthcare Quality Report* to help States assess the quality of care in their States and fashion quality improvement strategies suited to State conditions.

**Diabetes Care Quality Improvement: A Resource Guide for State Action.** 152 pp. (AHRQ 04-0072) **Supplement.** 4 pp. (04(05)-0072-1)

**Diabetes Care Quality Improvement: A Workbook for States.** 38 pp. (AHRQ 04-0073)

**Provider Competition and Health Care Quality: Challenges and Opportunities for Research.** H. Wong, P. McNamara, *International Journal of Health Care Finance and Economics*, 4:2004, 99-111. Highlights key themes that emerged from an AHRQ and Federal Trade Commission co-sponsored conference. Discusses latest findings on provider competition and quality, identifies implications for antitrust policy, and develops an agenda for future research. (AHRQ 04-R051)

**Quality Improvement: Getting to How.** C. Clancy, *HSR: Health Services Research*, 38(2):April 2003, 509-512. Reviews recent literature regarding the public reporting of health care performance, describes AHRQ's commitment to publish annual reports on the quality of health care and disparities in health care, cites study findings and implications, and calls for research that clarifies how these reports can be used to motivate profound improvements. (AHRQ 03-R041)

**The Roles of Government in Improving Health Care Quality and Safety.** N. Tang, J. Eisenberg, G. Meyer, *Journal*

*on Quality and Safety*, 30(1):January 2004, 47-55. Provides a framework for understanding the roles that various government agencies play in health care quality and provides examples of each role. (AHRQ 04-R029)

**Significance of Functional Status Data for Payment and Quality.** S. Clauser, A. Bierman, *Health Care Financing Review*, 24(3):spring 2003, 1-12. Explores the rationale for the collection of functional status data to promote innovative models of care and examines issues related to data collection for quality improvement, performance measurement, and payment. (AHRQ 03-R049)

**Use of Information Technology to Improve the Quality of Health Care in the United States.** E. Ortiz, C. Clancy, *HSR: Health Services Research*, 38(2):April 2003, xi-xxi. Discusses the role of information technology in improving the quality of health care in the United States. (AHRQ 03-R044)

**Volume Thresholds and Hospital Characteristics in the United States.** A. Elixhauser, C. Steiner, I. Fraser, *Health Affairs*, 22(2):March/April, 167-177.

Provides two additions to the volume-outcome literature and policy debate by studying the volume, mortality, and associated hospital and staffing characteristics of 10 complex procedures in U.S. hospitals: (1) nationwide baseline estimates on the number of high- and low-volume hospitals, and the number of procedures they perform, and (2) information on staffing and other hospital characteristics that are associated with high- or low-volume hospitals. (AHRQ 03-R026)

## Research Syntheses

### Research in Action Series

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**Programs and Tools To Improve the Quality of Mental Health Services.** *Research in Action Issue 16*, July 2004 (AHRQ 04-0061)

**Reducing and Preventing Adverse Drug Events To Decrease Hospital Costs.** *Research in Action Issue 1*, March 2001 (AHRQ 01-0020)

**Reducing Costs in the Health Care System: Learning From What Has Been Done.** *Research in Action Issue 9*, September 2002 (AHRQ 02-0046)

**Women and Domestic Violence: Programs and Tools that Improve Care for Victims.** *Research in Action Issue 15*, June 2004 (AHRQ 04-0055).

## Statistical and Methodological Research

**Construction of Weights for the 1996 Medical Expenditure Panel Survey Insurance Component List Sample.** J. Sommers, *MEPS Methodology Report*, 8:November 1999, 9 pp. Describes the overall response rates for the list sample, an independently selected random sample of governments and private-sector establishments for the purpose

of making national and State estimates of employer insurance characteristics, costs, and the number of employees enrolled. Also describes the process used to correct the weights for respondents. (AHCPR 00-0005)

**Demographic and Clinical Variations in Health Status.** J. Fleishman, *MEPS Methodology Report*, 14:January 2005, 10 pp. Using nationally representative data from the Medical Expenditure Panel Survey, summarizes population differences using two generic measures, the SF-12® and the EuroQol. (AHRQ 05-0022)

**Demographic Variation in SF-12: True Differences or Differential Item Functioning?** J. Fleishman, W. Lawrence, *Medical Care*, Supplement, 41(7):2003, III-75-III-86. Examines the extent to which differential item functioning contributes to observed subgroup differences in health status. (AHRQ 03-R056)

**Design, Methods, and Field Results of the 1996 Medical Expenditure Panel Survey Medical Provider Component.** S. Machlin, A. Taylor, *MEPS Methodology Report*, 9: May 2000, 6 pp. Describes the design of and methods used in the 1996 Medical Expenditure Panel Survey Medical Provider Component (MPC). Includes information on the MPC objectives, instruments, and procedures for data collection, sample sizes, and response rates. (AHRQ 00-0028)

**Design Strategies and Innovations in the Medical Expenditure Panel Survey.** S. Cohen, *Medical Care*, Supplement, 41(7):2003, III-5-III-12. Presents a summary of the analytical objectives, design, and core content of the MEPS,

and provides an overview of the new and innovative design features that add capacity for health status and quality of care measurement and improve data quality. (AHRQ 03-R053)

**Foreword: Supplement to Medical Care on the Medical Expenditure Panel Survey.** S. Cohen, J. Ayanian, C. Clancy, *Medical Care*, Supplement, 41(7):2003, III-1-III-4. Provides an overview of the history and objectives of MEPS; improvements in access to MEPS data and technical assistance; and a brief synopsis of featured articles that highlight new design enhancements to MEPS and recent national studies of coverage, access, costs, and health status. (AHRQ 03-R052)

**Imputation of Employer Information for the 1996 Medical Expenditure Panel Survey Insurance Component.** J. Sommers, *MEPS Methodology Report*, 10:June 2000, 18 pp. Describes the process used to impute values for missing establishment and plan characteristics for the Medical Expenditure Panel Survey's Insurance Component in four types of cases: list sample, private sector; list sample, government; household sample, private sector; and household sample, government. (AHRQ 00-0039)

**Looking Inside the Nation's Medicine Cabinet: Trends in Outpatient Drug Spending by Medicare Beneficiaries, 1997 and 2001.** J. Moeller, G. Miller, J. Banthin, *Health Affairs*, 23(5):September/October 2004, 217-225. Examines trends in outpatient prescription drug spending by the Medicare civilian, noninstitutionalized population in 1997 and 2001 using national repre-

sentative data from the Medical Expenditure Panel Survey. (AHRQ 04-R064)

**Medical Expenditure Panel Survey Statistics on Access and Quality.** Agency for Healthcare Research and Quality, June 2003, 53 pp. Highlights data on children's access to and quality of care: getting urgent care when needed, obtaining an appointment as soon as wanted, going to a doctor's office/clinic for care and problems receiving needed care, and experiences during care (two briefs). Presents preliminary findings from a self-administered questionnaire administered in late 2000 and early 2001 on health care utilization, access, health status, and the quality of health care received (three briefs). (AHRQ 03-R208)

**Medical Expenditure Panel Survey Statistics on Health Insurance.** Agency for Healthcare Research and Quality, June 2003, 32 pp. Contains three briefs on the uninsured and one brief on the insurance status of U.S. workers. Shows the size of the civilian noninstitutionalized population under age 65 that was uninsured from 1996–2000 and identifies groups especially at risk of lacking health insurance. (AHRQ 03-R207)

**Medical Expenditure Panel Survey Statistics on Health Status.** Agency for Healthcare Research and Quality, June 2003, 14 pp. Contains one brief on the prevalence of smoking in the United States and describes the smoking status of U.S. adults (including preliminary findings from a self-administered questionnaire on smoking as well as demographic, chronic condition, and preventive care information). Contains one brief on the

prevalence of asthma episodes, use of asthma medications, and use of a peak flow meter in the second brief. (AHRQ 03-R209)

**Model-Based Sampling for Persons with High Health Expenditures: Evaluating Accuracy and Yield with the 1997 MEPS.** J. Moeller, S. Cohen, N. Mathiowetz, et al., *Joint Statistical Meetings – Section on Health Policy Statistics*, 2003, 2367-2372. Presents and evaluates the sampling accuracy and yields of the model used to predict the status of high medical expenses. (AHRQ 03-R064)

**Outpatient Prescription Drugs: Data Collection and Editing in the 1996 Medical Expenditure Panel Survey.** J. Moeller, M. Stagnitti, E. Horan, et al., *MEPS Methodology Report*, 12:June 2001, 31 pp. The 1996 MEPS data include detailed information on prescription medicines obtained from pharmacy providers used by household sampled persons. The report describes the procedures adopted to collect and edit prescription drug data for public release. It includes retrieving complete and/or partially missing pharmacy data, editing techniques, and a matching/imputation procedure. (AHRQ 01-0002)

**Projecting National Medical Expenditure Survey Data: A Framework for MEPS Projections.** J. Moeller, S. Cohen, E. Hock, et al., *MEPS Methodology Report*, 13: February 2002, 22 pp. Describes the procedures used to project data from the 1987 National Medical Expenditure Survey (NMES) household survey to future years. Also describes the categories of expenditures and payment

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**Sample Design of the 1997 Medical Expenditure Panel Survey Household Component.** S. Cohen, *MEPS Methodology Report*, 11:November 2000, 18 pp. Gives a detailed description of the 1997 Household Component of the Medical Expenditure Panel Survey and explains the sample selection scheme implemented to oversample selected subgroups. Includes a summary of sample size specifications, survey response rates, and targeted precision levels for national population estimates and health care expenditure estimates for policy-relevant subgroups. (AHRQ 01-0001)

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**Care of Women in U.S. Hospitals, 2000.** H. Jiang, A. Elixhauser, J. Nicholas, et al., *HCUP Fact Book No. 3*, September 2002, 48 pp. Provides information on various aspects of hospital care for women—ways hospitalized women differ from hospitalized men, most common reasons and preventable conditions for hospitalizations, billing issues,

and patterns of care for pregnancy and delivery. (AHRQ 02-0044)

**Disparities and Gender Gaps in Women's Health, 1996.** B. Kass-Bartelmes, B. Altman, A. Taylor, *MEPS Chartbook No. 8*, October 2001, 35 pp. Presents charts showing estimates of health insurance, access to care and use of care, and health status among women of different ages and racial/ethnic groups in America, as well as differences between men and women. Estimates are drawn from two AHRQ surveys, the Household Component of the Medical Expenditure Panel Survey and the 1987 National Medical Expenditure Survey. (AHRQ 02-0003)

**The Impact of Endometrial Ablation on Hysterectomy Rates in Women with Benign Uterine Conditions in the United States.** C. Farquhar, S. Naom, C. Steiner, *International Journal of Technology Assessment in Health Care*,

18(3):2002, 625-634. Evaluates the impact of endometrial ablation on the use of hysterectomy in women with benign uterine conditions in six States, finds the diffusion of endometrial ablation has had varying impacts, and finds endometrial ablation is used as an additive medical technology rather than a substitute for hysterectomy. (AHRQ 03-R004)

**Improving Women's Quality of Care for Cardiovascular Disease and Diabetes: The Feasibility and Desirability of Stratified Reporting of Objective Performance Measures.** C. Bird, A. Fremont, S. Wickstrom, et al., *Women's Health Issues*, 13:2003, 15-157. Describes recent work showing gender differences in quality of ambulatory care in managed care plans with some plans having substantial gender differences on widely used measures of the quality of primary and

secondary prevention of cardiac disease. (AHRQ 04-R020)

**It's Your Health: Use Your Medications Safely.** R. Correa-de-Araujo, *Journal of Women's Health*, 14(1):January 2005, 16-18. Suggests proactive steps women can take to increase the safety of their medication use. (AHRQ 05-R21)

**A Wake-Up Call to Advance Women's Health.** R. Correa-de-Araujo, *Women's Health Issues*, 14:2004, 31-34. Discusses the current state of women's health issues in the clinical field, including clinical practice, policy, curriculum development, and research training. (AHRQ 04-R044)





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